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[MEMO FROM DIRECTOR OF HEALTH SERVICES DATED MAY 6, 2015](#)

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**Los Angeles County  
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**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

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*To ensure access to high-quality,  
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health care to Los Angeles County  
residents through direct services at  
DHS facilities and through  
collaboration with community and  
university partners.*



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May 6, 2015

TO: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.  
Director

**SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY  
REPORT**

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

**BACKGROUND**

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

Mayor Michael D. Antonovich, et al.  
May 6, 2015  
Page 2

**QUARTERLY REPORT**

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment

# HOUSING — FOR — HEALTH

## Quarterly Report

January-March 2015



**Health Services**  
LOS ANGELES COUNTY



# Number of Clients Housed

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

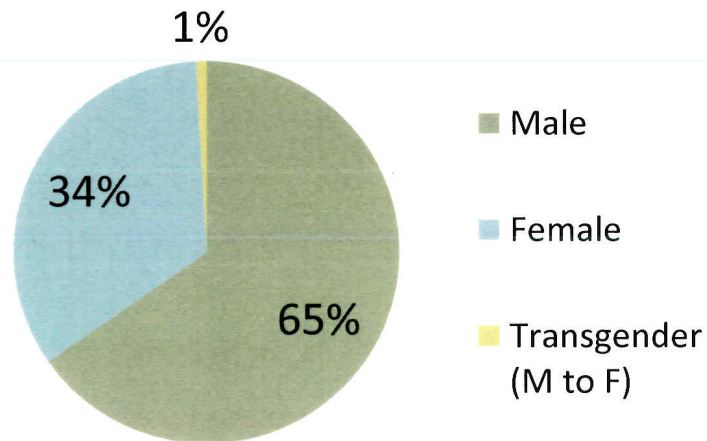


## HFH Housing Outcomes

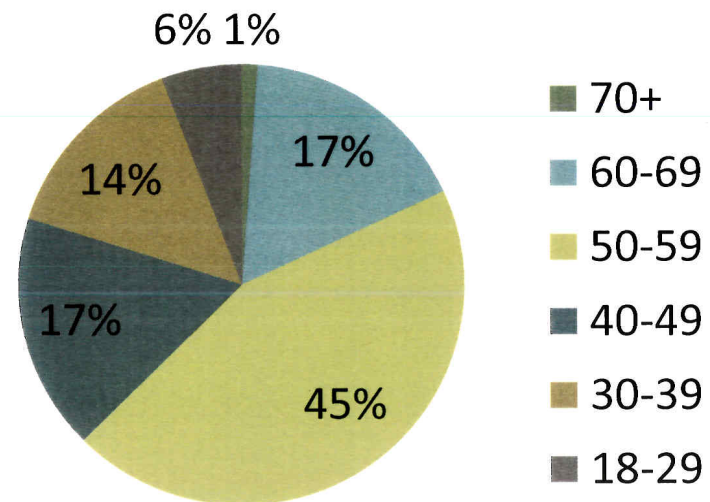
Total # of patients who have attained housing since HFH began in November 2012	694
Total # of patients who are currently housed	650
Total # of patients housed January-March 2015	125

# Demographics of Clients Housed

**Gender of Clients Housed (N=663)**



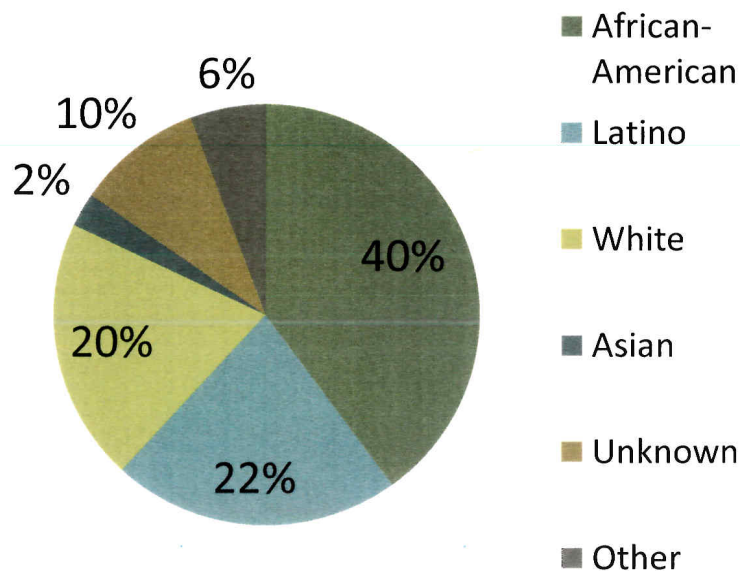
**Age of Clients Housed (N=686)**



\*Patient data does not add to 694 due to clients who decline to state demographic information

# Demographics of Clients Housed (Cont.)

**Race/Ethnicity of Clients Housed (N=694)**



## The most common diagnoses of HFH clients:

- Hypertension
- Diabetes
- Congestive heart failure and heart disease
- Asthma
- Cancer
- HIV/AIDS
- Hepatitis C
- Lung disease
- Depression
- Bipolar disorder
- Post-traumatic stress disorder

# Housing Status and Retention

## Homeless Status

- The average length of time that patients experienced homelessness was 3 years and 11 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 93% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Eight patients exited housing this quarter. Two moved in with family or friends, three were evicted, two voluntarily surrendered their units, and one patient passed away.



# Flexible Housing Subsidy Pool Update

FHSP Quarterly and Program-to-date Accomplishments:	
Move-ins January – March 2015	90
Total move-ins to date	272
Units secured* January – March 2015	85
Total units secured* to date	396

\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

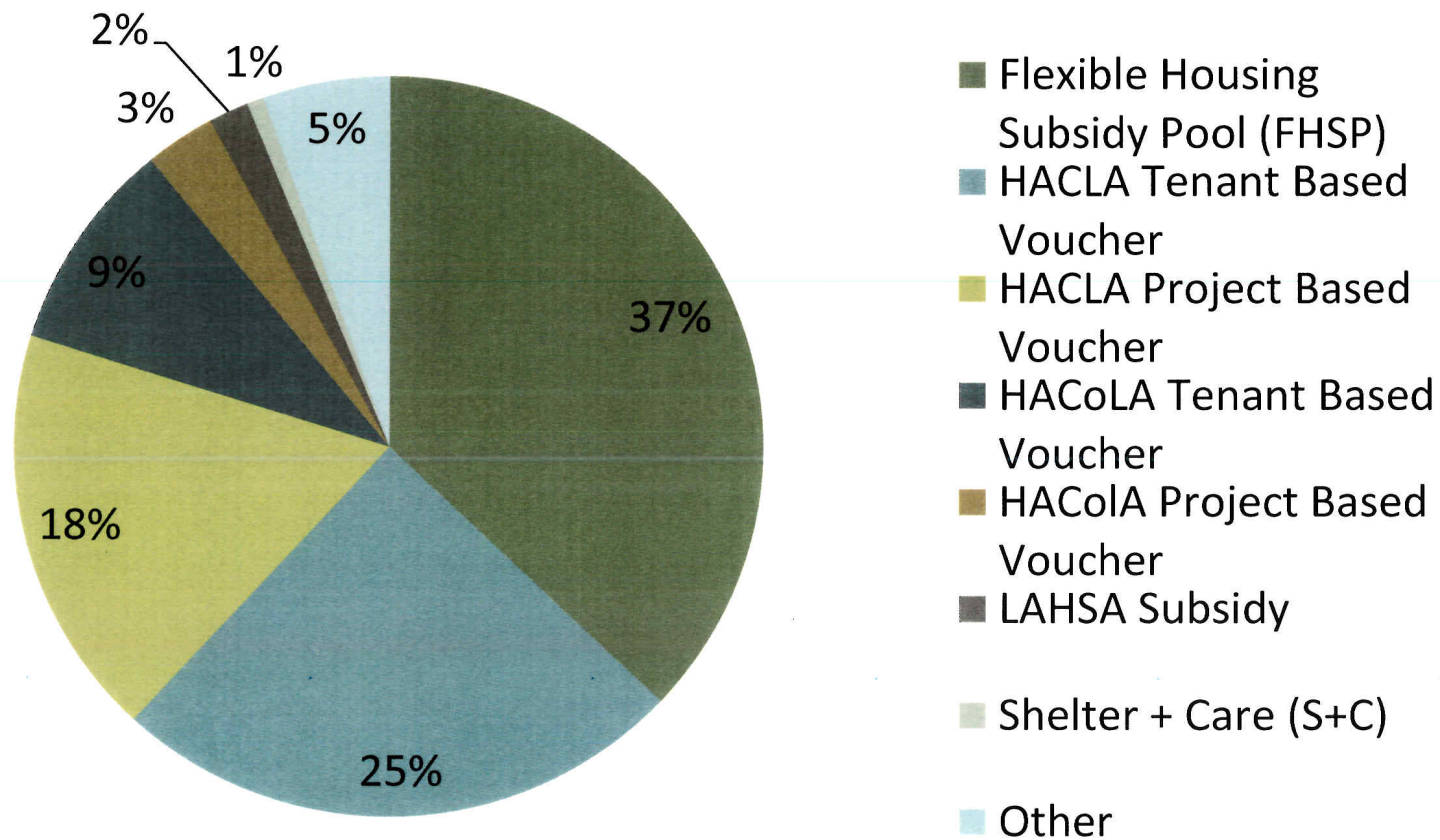
# Characteristics of Housing Units

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 85 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 85 units, 27 are studios, 52 are one-bedrooms, 5 are two-bedrooms, and 1 is a shared housing unit.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.



# Type of Housing Subsidy

**Subsidy Type for Clients Housed (N=694)**



# Service Integration

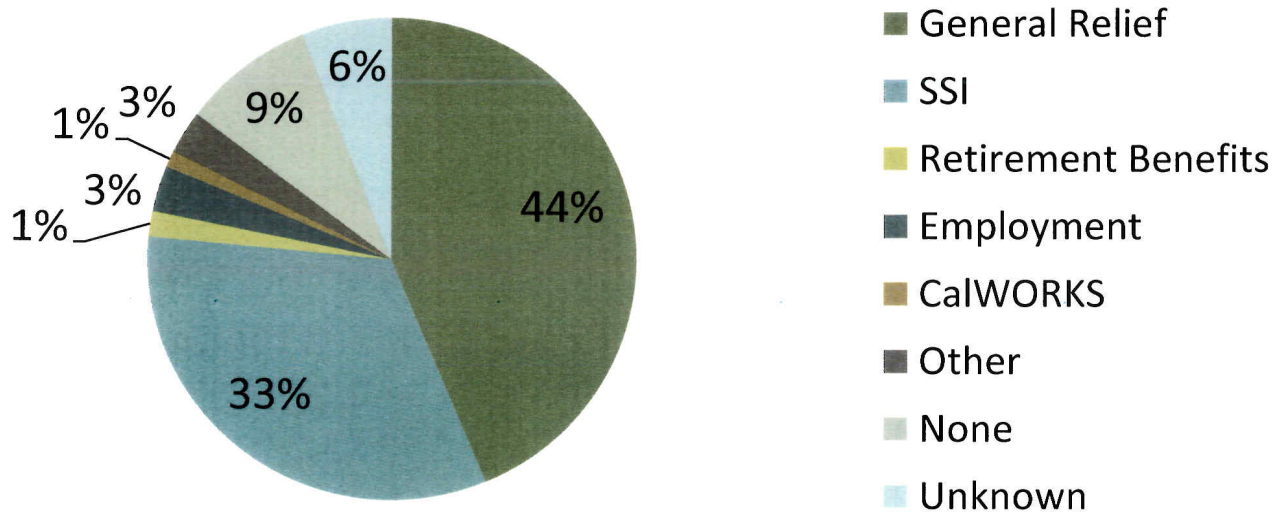
Efforts to improve County service integration:

- DHS Housing for Health (HFH) coordinates the Single Adult Model (SAM) program, a collaboration between DHS, DPH, DMH, DPSS, and the CDC to provide housing to high utilizing homeless GR recipients. A goal of the program is to identify opportunities for increased collaboration in the provision of services and benefits to homeless individuals across the County.
- DMH and the Probation Department have each made investments into the FHSP in order to provide supportive housing to the populations they serve.
- HFH participated in Operation Healthy Streets with other County Departments including DPH, DMH, and DPSS to provide linkage to services, benefits, and interim housing to individuals who are homeless in the Skid Row area in advance of city street cleaning efforts.
- HFH collaborated with DMH to establish a process for enhanced referrals and linkage between the Star Clinic and DMH service providers for care coordination between DHS and DMH clinicians for clients receiving services from both departments.

# Client Income

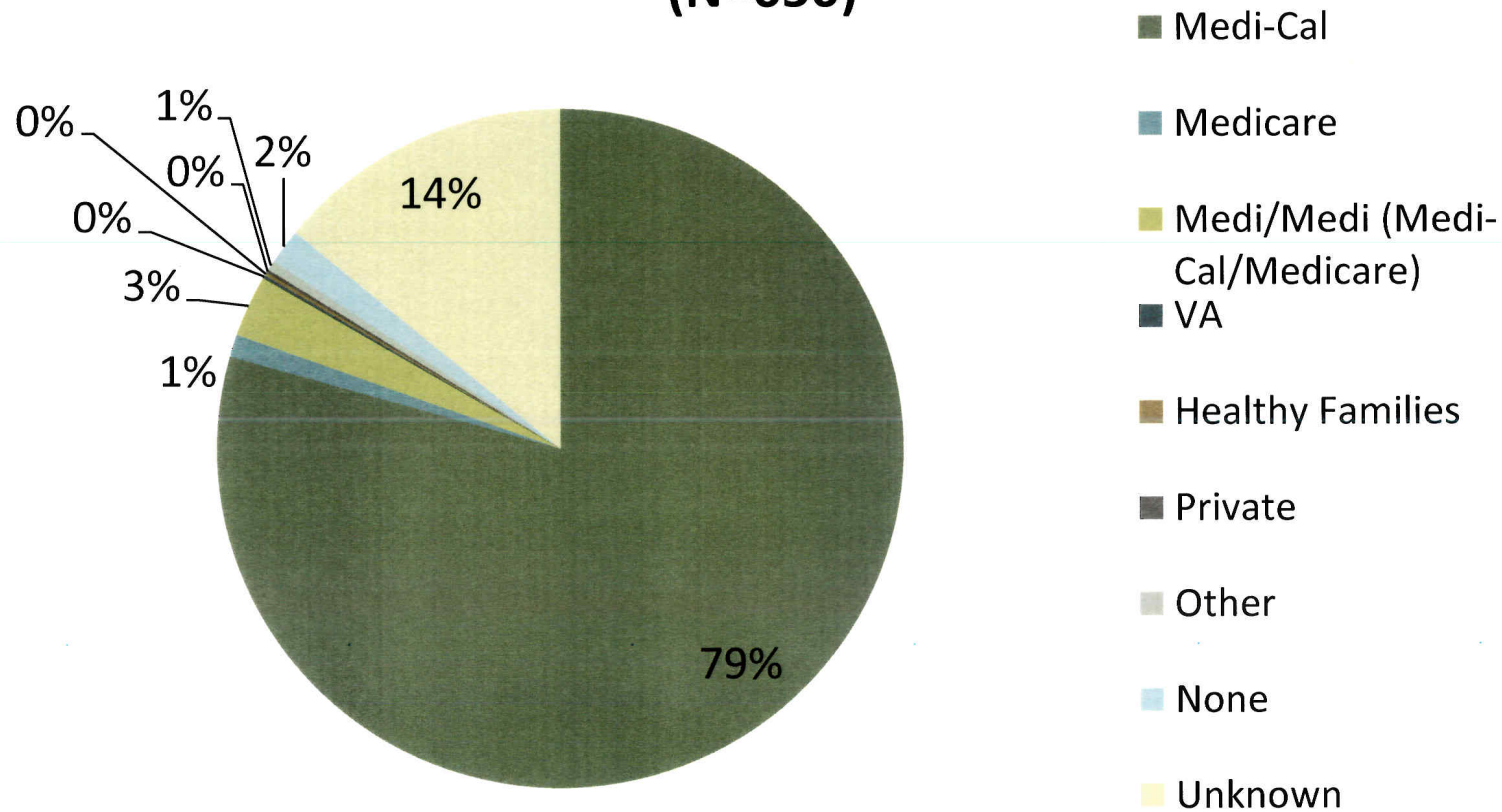
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

## Income of Clients Housed (N=650)



# Client Health Insurance

**Health Insurance Type for Client Currently Housed  
(N=650)**





# Permanent Supportive Housing Funding

- The source of funds for the Property Related Tenant Services work order to operate the FHSP is DHS County General Fund dollars, the Conrad N. Hilton Foundation, and the office of Supervisor Mark Ridley-Thomas . The estimated cost for Fiscal Year 2014-2015 is \$1.1 million.
- The source of funds for contracted ICMS services in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS services in permanent supportive housing in Fiscal Year 2014-15 is \$3 million.
- The source of funds for the Property Related Tenant Services work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2014-15 is \$200,000.

# Featured Permanent Supportive Housing Site: Broadway Villas

- Opened January 2015
- Located in South Los Angeles
- 48 units total with 16 units set aside for HFH referrals
- Rent subsidized through Flexible Housing Subsidy Pool (FHSP)
- One bedroom and two bedroom units
- Developed and owned by Amcal
- Supportive services provided onsite by LifeSTEPS
- Community room for meetings and events, laundry facilities and ongoing health and wellness programming for all residents





# Featured Client Success Story:

## A former caregiver finds the support she now needs

When “Linda” came to California six years ago, becoming homeless wasn't part of her plan. She had been a nurse in Texas, however, her license wasn't valid in California. To land a nursing job here would cost around \$10,000 and two more years of school. Knowing she had to work, Linda received training by Los Angeles County in mental health services to work with those with Alzheimer's Disease. For six years she worked as a caregiver and didn't stop until December 2013. That's the day her life changed in ways she could never have imagined. She took a horrible fall down a flight of stairs and sustained severe injuries. Unable to work, she no longer had an income sufficient to pay rent. She was eventually evicted from her apartment. Linda was now homeless and felt hopeless.

Linda was identified by a social worker at MLK who quickly referred her to the Housing for Health program. "I was sleeping in my car," Linda said. She parked in hospital parking lots and other places where she would feel safe. Still recovering from the severity of her injuries, her sleeping arrangement made her condition worse. "I have seven degenerated bones in my back and sleeping in my car has made it worse. I'm sometimes in so much pain I can't sleep."

Linda was one of 16 people who moved into the Housing for Health units at Broadway Villas (featured in previous slide) in January 2015. Linda, understandably, was quite excited. "I went to see the property and it was beautiful. I knew I was going to be blessed. It was like a dream!"

Los Angeles County  
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Fifth District

July 27, 2015

TO: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.  
Director

**SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY  
REPORT**

**Mitchell H. Katz, M.D.**  
Director

**Hal F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

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**BACKGROUND**

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

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**NEW EXECUTED WORK ORDER**

Pursuant to the Supportive Housing Services Master Agreement approved by the Board on June 19, 2012, this is to advise that DHS

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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Mayor Michael D. Antonovich, et al.  
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Page 2

has executed Work Orders to the Supportive Housing Services Master Agreement with Step Up On Second to provide intensive case management services in permanent supportive housing and with JWCH to provide intensive case management services in interim housing at MLK Recuperative Care. County Counsel has reviewed and approved the Work Orders.

**QUARTERLY REPORT**

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment



# HOUSING FOR HEALTH

## Quarterly Report

April-June 2015



**Health Services**  
LOS ANGELES COUNTY

# Number of Clients Housed

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

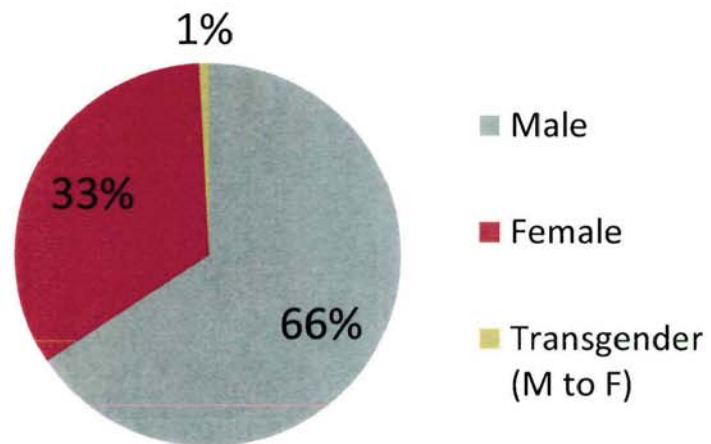


## HFH Housing Outcomes

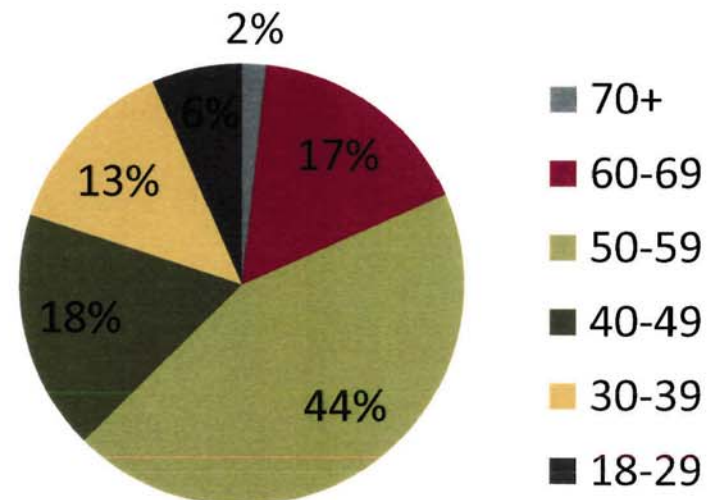
Total # of patients who have attained housing since HFH began in November 2012	882
Total # of patients who are currently housed	838
Total # of patients housed April-June 2015	188

# Demographics of Clients Housed

**Gender of Clients Housed (N=861)**



**Age of Clients Housed (N=874)**

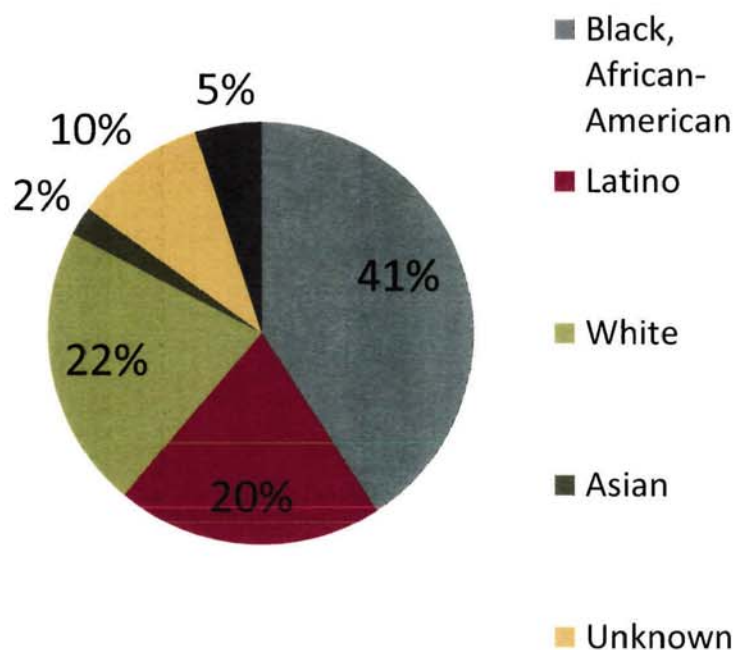


\*Patient data does not total to 882 due to clients who decline to state demographic information



## Demographics of Clients Housed (Cont.)

**Race/Ethnicity of Clients Housed (N=882)**



The most common diagnoses of HFH clients:

- Hypertension
- Diabetes
- Congestive heart failure and heart disease
- Asthma
- Cancer
- HIV/AIDS
- Hepatitis C
- Lung disease
- Depression
- Bipolar disorder
- Post-traumatic stress disorder

# Housing Status and Retention

## Homeless Status

- The average length of time that patients experienced homelessness was 4 years and the median length of time was 2 years and 2 months.
- The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 92% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Thirteen patients exited housing this quarter. Four passed away, three were incarcerated, one moved to other housing, one voluntarily surrendered the unit, one was evicted, one moved with family or friends, and two are unknown.

# Flexible Housing Subsidy Pool Update

## FHSP Quarterly and Program-to-date Accomplishments:

Move-ins April – June 2015	108
Total move-ins to date	380
Units secured* April– June 2015	55
Total units secured* to date	430

\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

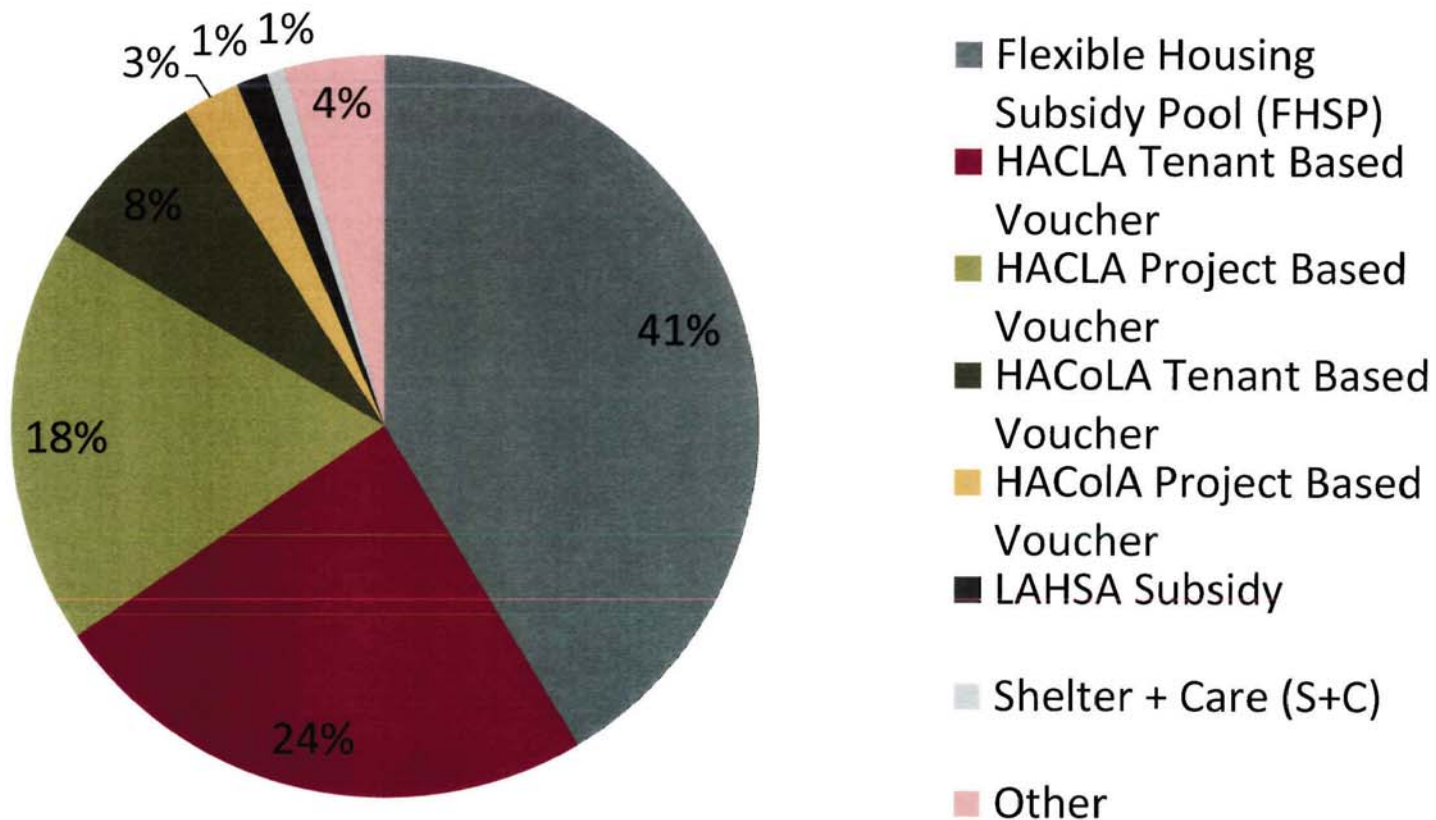
# Characteristics of Housing Units

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 55 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 55 units, 11 are studios, 39 are one-bedrooms, 4 are two-bedrooms, and 1 is a four-bedroom.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.



# Type of Housing Subsidy

**Subsidy Type for Clients Housed (N=882)**



# Service Integration

## **Efforts to improve County service integration:**

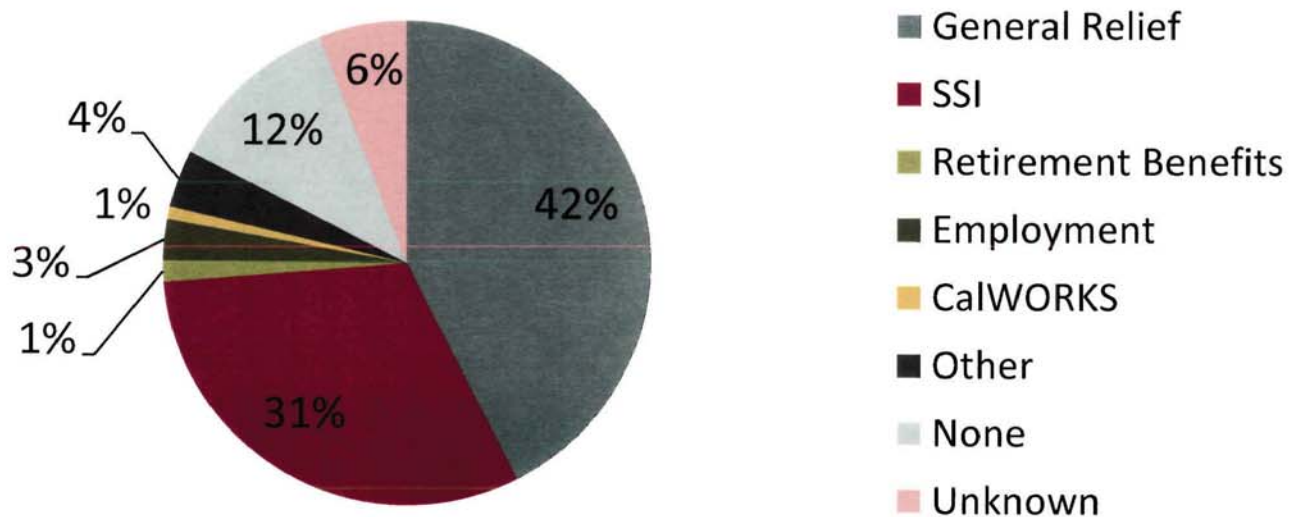
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- DMH and the Probation Department have each made investments into the FHSP in order to provide supportive housing to the populations they serve.
- HFH participates in Operation Healthy Streets with other County Departments including DPH, DMH, and DPSS to provide linkage to services, benefits, and interim housing to individuals who are homeless in the Skid Row area in order to advance city street cleaning efforts. Star Clinic staff also conduct weekly outreach in Skid Row every Wednesday morning with staff from DPH, LAHSA, and LAPD.
- HFH collaborates with DMH to establish a process for enhanced referrals and linkages between the Star Clinic and DMH service providers for care coordination between DHS and DMH clinicians for clients receiving services from both departments.
- HFH launched a new initiative with the LA County Sheriff's Department and the Mental Health Court to provide housing to homeless inmates who are leaving jail or who are on conditional release.



# Client Income

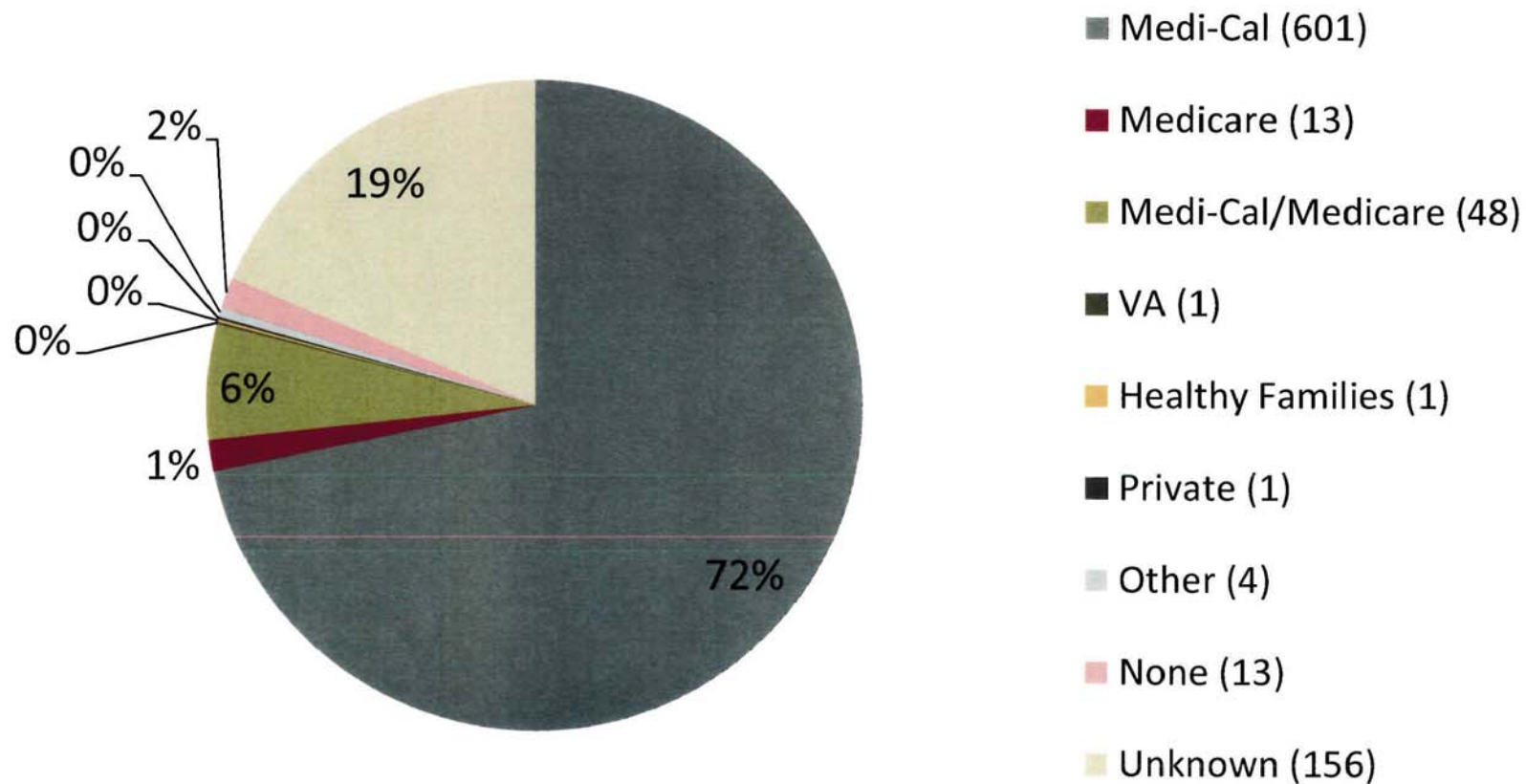
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## Income of Clients Housed (N=838)



# Client Health Insurance

## Health Insurance Type for Client Currently Housed (N=838)



# Permanent Supportive Housing Funding

- The sources of funds for the Property Related Tenant Services work order to operate the FHSP are DHS County General Fund dollars, the Conrad N. Hilton Foundation, and the office of Supervisor Mark Ridley-Thomas . The estimated cost for Fiscal Year 2014-2015 is \$1.1 million.
- The source of funds for contracted ICMS in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2014-15 is \$3 million.
- The source of funds for the Property Related Tenant Services work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2014-15 is \$200,000.

# Featured Permanent Supportive Housing Site: New Pershing Apartments

- Opened in April 2015, after a major rehab. The new design maintained the historic façade and staircase.
- Located in Downtown Los Angeles.
- 65 units total with 47 units set aside for HFH referrals.
- Developed and owned by Skid Row Housing Trust (SRHT).
- Building has large courtyard on ground floor to promote community building. On-site services provided by SRHT.





# Featured Client Success Story:

## From the Streets to Recuperative Care to a Permanent Home

When Tim\* came in for his first visit at the Star Clinic, he had been homeless for over 4 years living on the streets at Pico and Robertson. His homelessness was precipitated by a severe on the job injury from a fall off of a two story building. The fall left him unable to work and with vertebral fractures and severe orthopedic and neurologic damage to his left hand, arm and leg. He also suffered from depression and chronic obstructive pulmonary disease. On his first visit to the clinic he was diagnosed with severe bronchitis made worse by malnutrition and exposure to the elements that comes with living on the streets. During subsequent visits his condition deteriorated with worsening leg and back pain, leg function, and a new symptom of incontinence. Tim was later assaulted while sleeping on the streets with additional injury to his left hand and wrist.

At that time Lynda, his nurse practitioner at the Star Clinic, admitted him to a recuperative care bed through Housing for Health, which started his path to permanent supportive housing. The following week Lynda could hardly recognize Tim--he was clean with new clothes and his gait was improved. He was no longer incontinent and his pain was under control. He attributed this to that fact that he had, for the first time in many years, a good night's sleep. HFH quickly connected Tim to a permanent supportive housing unit to call home, where he is continuing to heal and thrive.

Due to his past injuries, Tim had been put on methadone for pain which he had relied on for over 4 years. He had always wanted to end his dependence on methadone but had been unable to because of the pain associated with sleeping on the street. Since moving into his new home, Tim has begun the process of weaning himself off of methadone; the safety and security he feels in his new home has allowed him to reduce both his pain and anxiety medication. He now feels more in control of his wellbeing and life. And now that his basic needs are met, instead of being focused solely on staying safe, Tim is now looking outward and helping others in his apartment complex who are in need. He also hopes to someday join the outreach team at the Star Clinic to help others experiencing homelessness. He asked Lynda to share his story in order to "give back" and help this program in any way he can.

\*Name has been changed.



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October 28, 2015

TO: Mayor Michael D. Antonovich  
Supervisor Hilda L. Solis  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe

FROM: Mitchell H. Katz, M.D.  
Director

**SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY  
REPORT**

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**BACKGROUND**

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**NEW EXECUTED WORK ORDER**

Pursuant to the Supportive Housing Services Master Agreement approved by the Board on June 19, 2012, this is to advise that DHS has executed Work Orders to the Supportive Housing Services Master Agreement with Gettlove, Alliance for Housing and Healing, Downtown Women's Center, Mental Health America of Los Angeles,

Mayor Michael D. Antonovich, et al.

May 6, 2015

Page 2

SRO Housing, Special Services for Groups, and St. Joseph's Center to provide intensive case management services in permanent supportive housing. County Counsel has reviewed and approved the Work Orders.

**QUARTERLY REPORT**

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment



# HOUSING — FOR — HEALTH

Quarterly Report July-September 2015



Health Services  
LOS ANGELES COUNTY



# GOALS

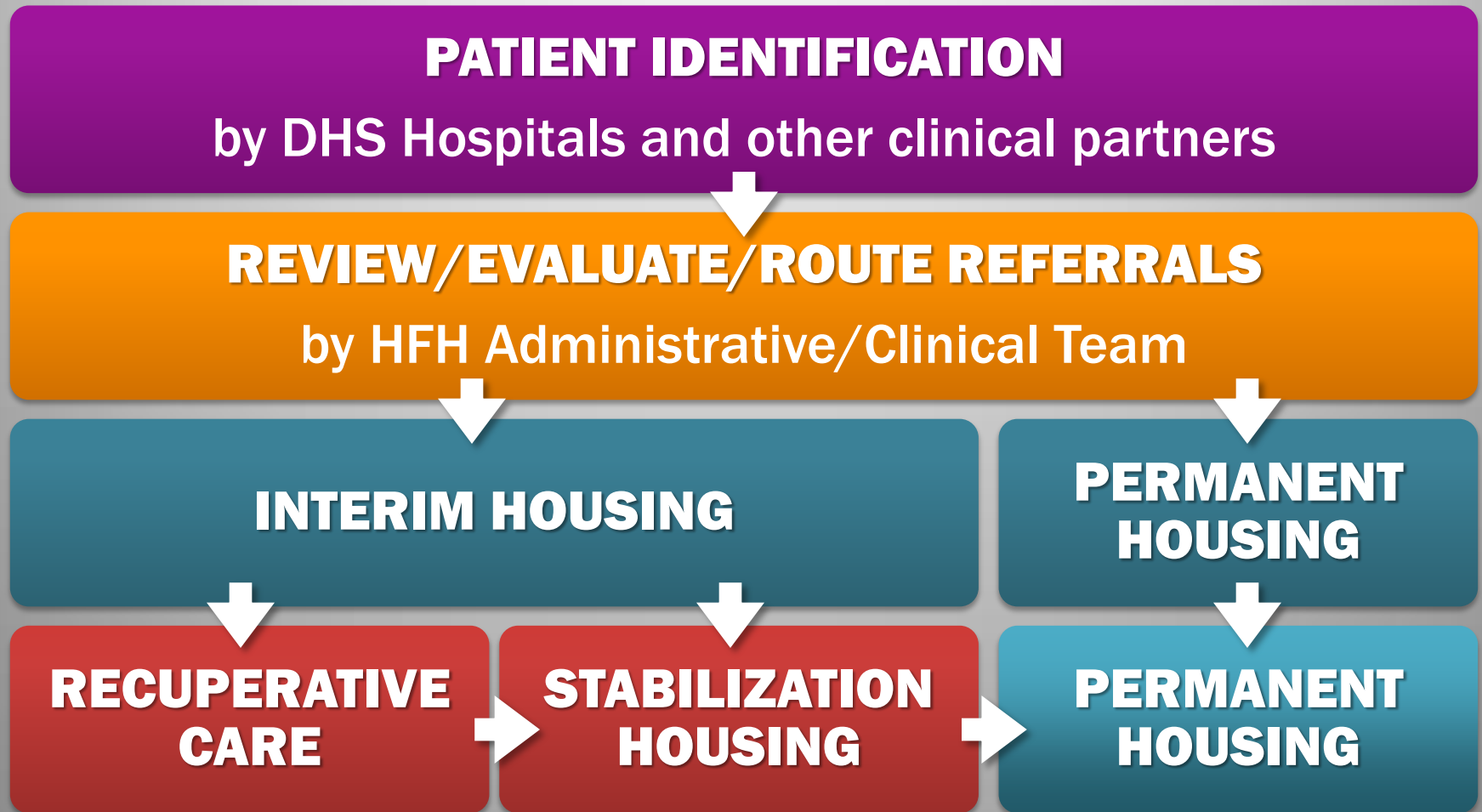
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- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**

# CLIENTS HOUSED

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and are high utilizers of DHS services.

# HFH CLIENT PROCESS



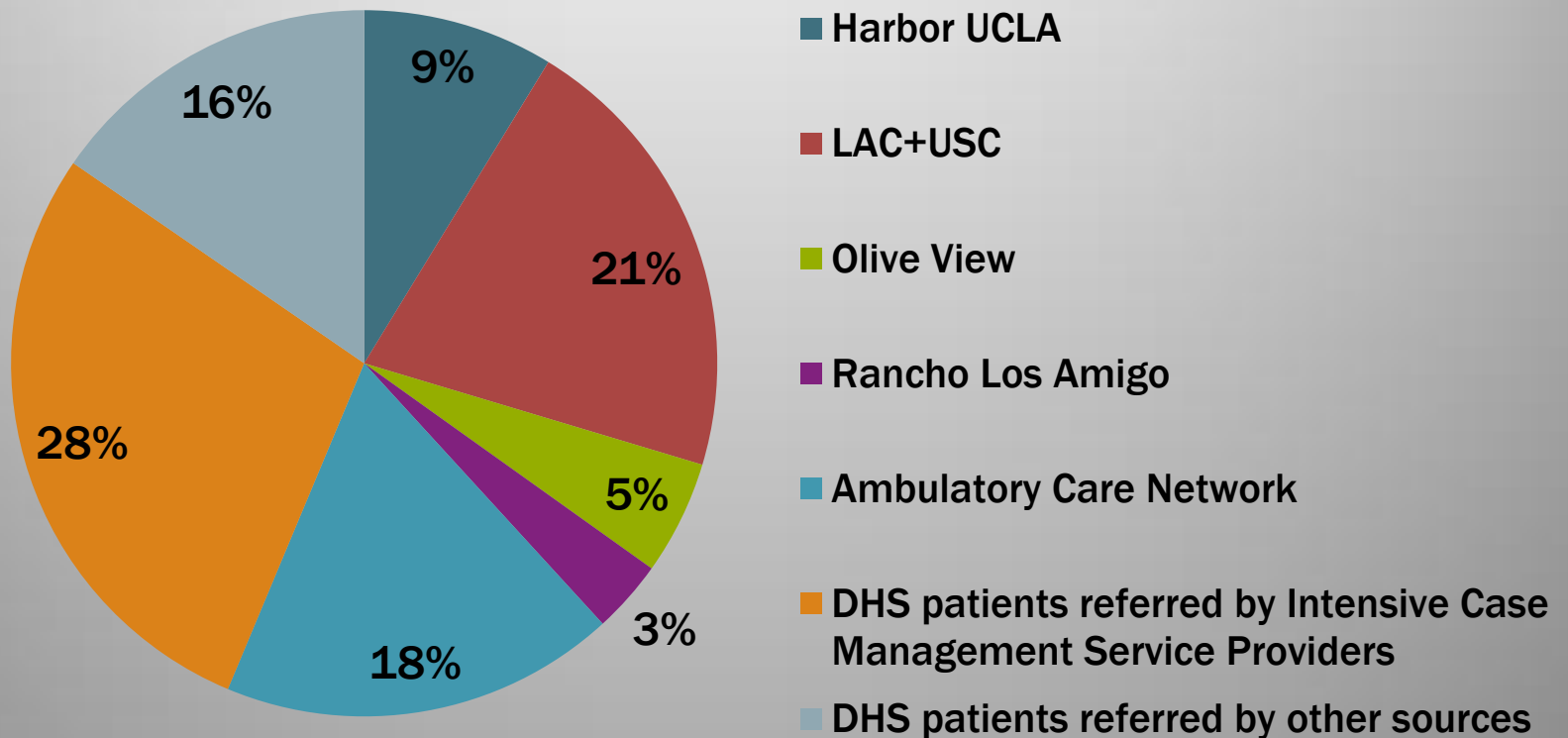
# Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

Total # of patients who have attained housing since HFH began in November 2012	1110
Total # of patients who are currently housed	1045
Total # of patients housed July-September 2015	198



# WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=1110)



# HEALTH CONDITIONS OF CLIENTS HOUSED

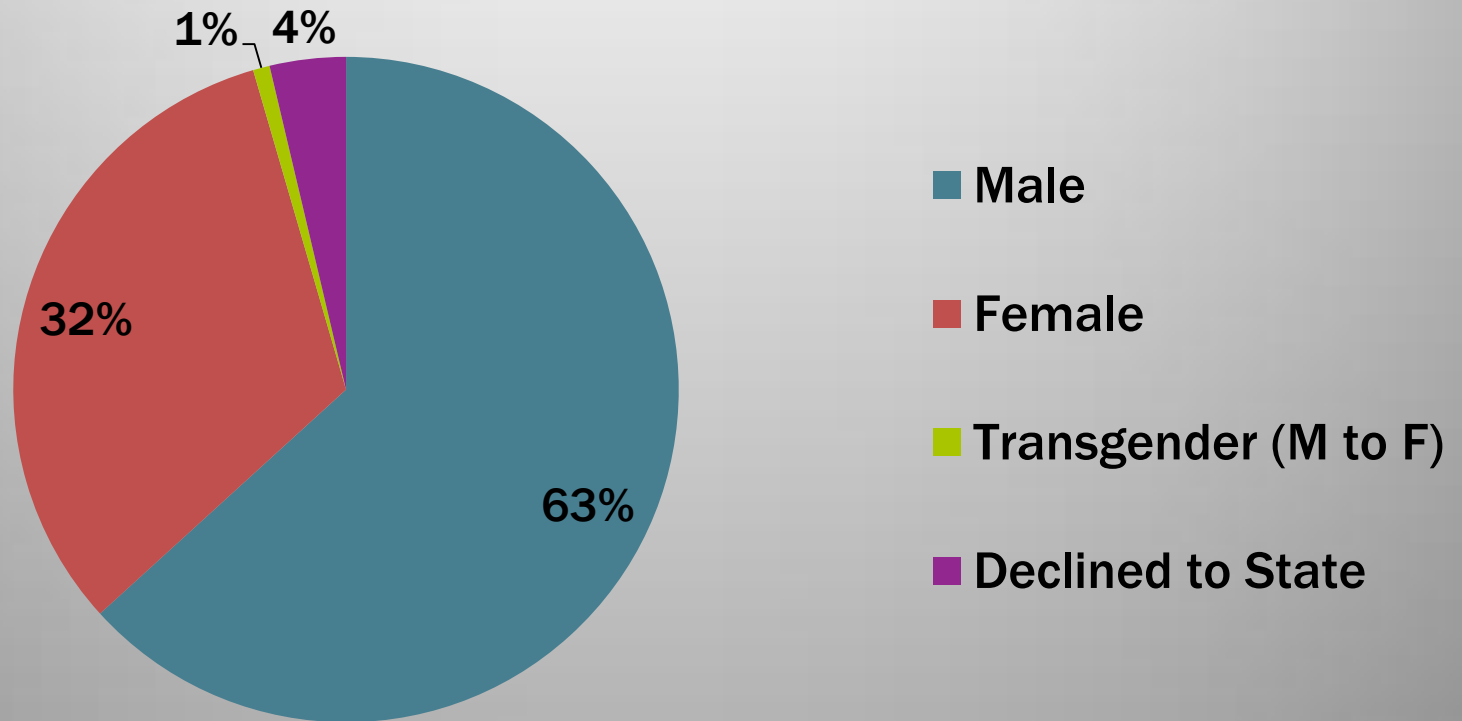
## MOST COMMON CONDITIONS:

- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**

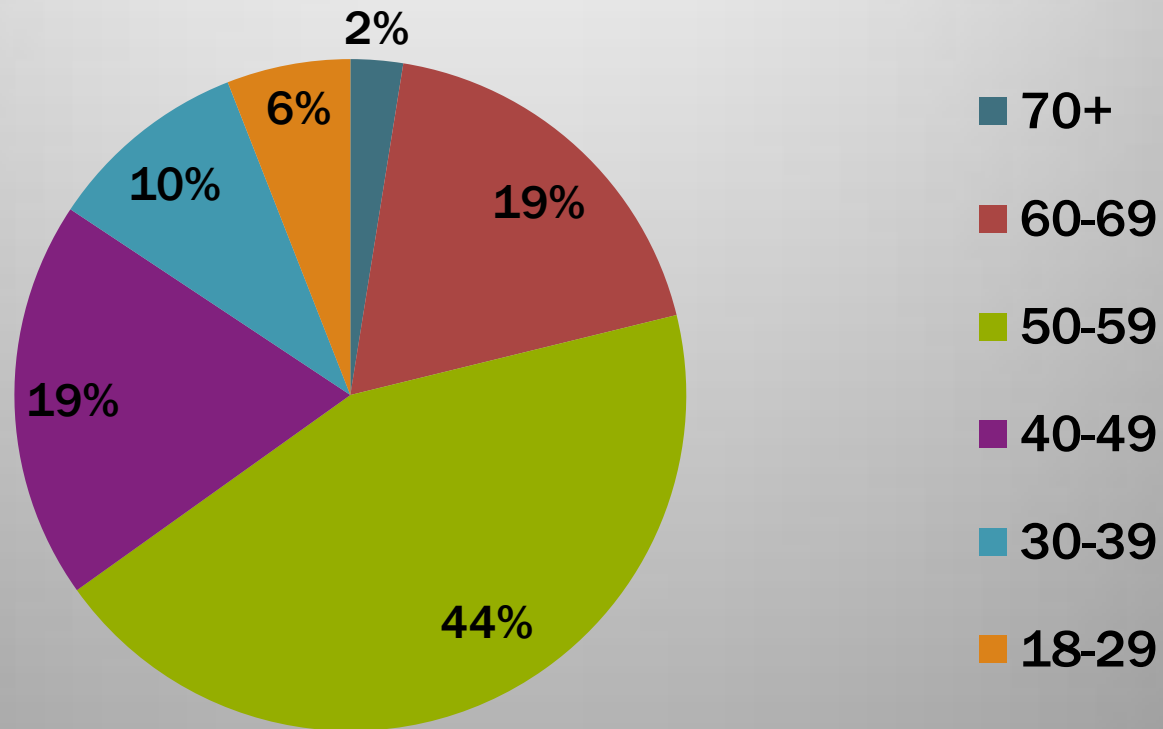
# DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=1110)



# DEMOGRAPHICS OF CLIENTS HOUSED

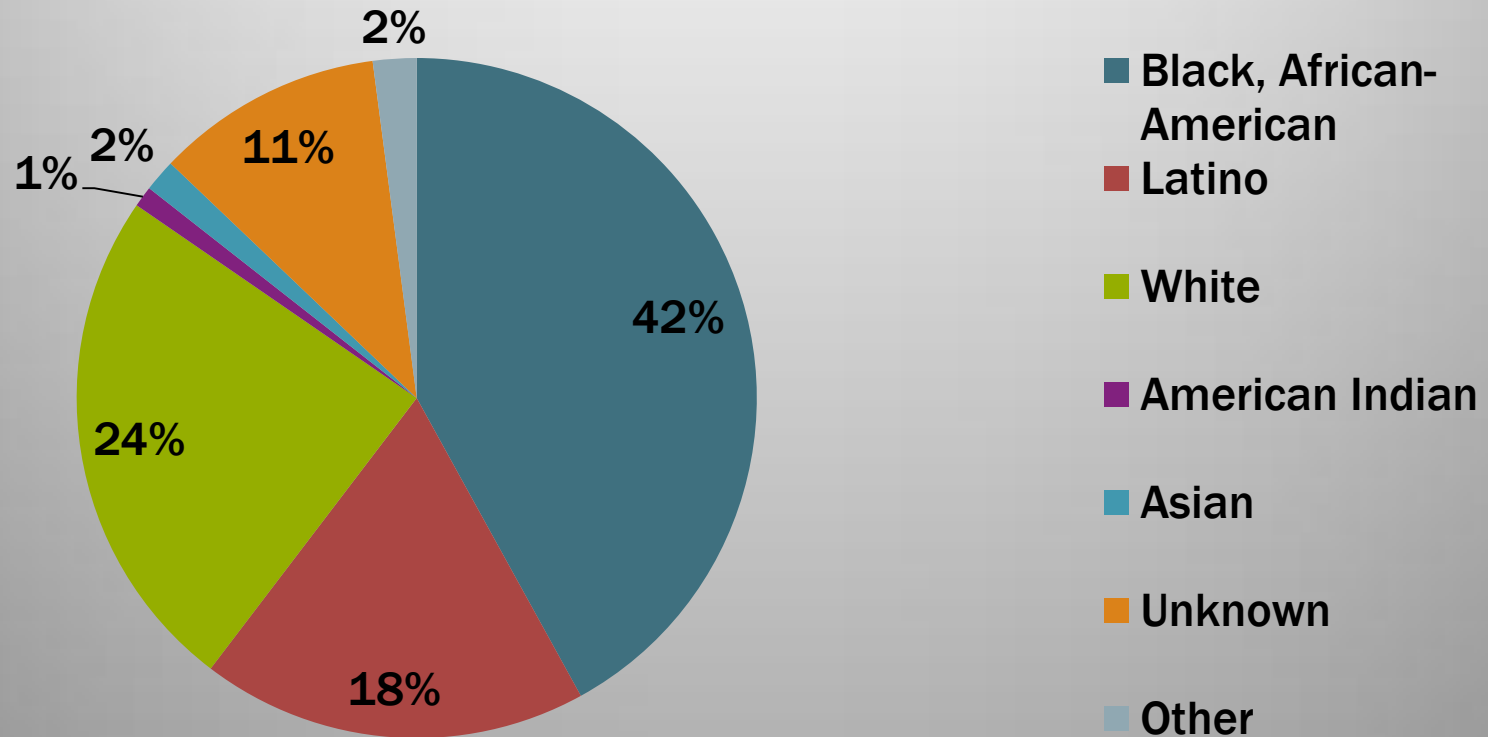
Age of Clients Housed (N=1110)





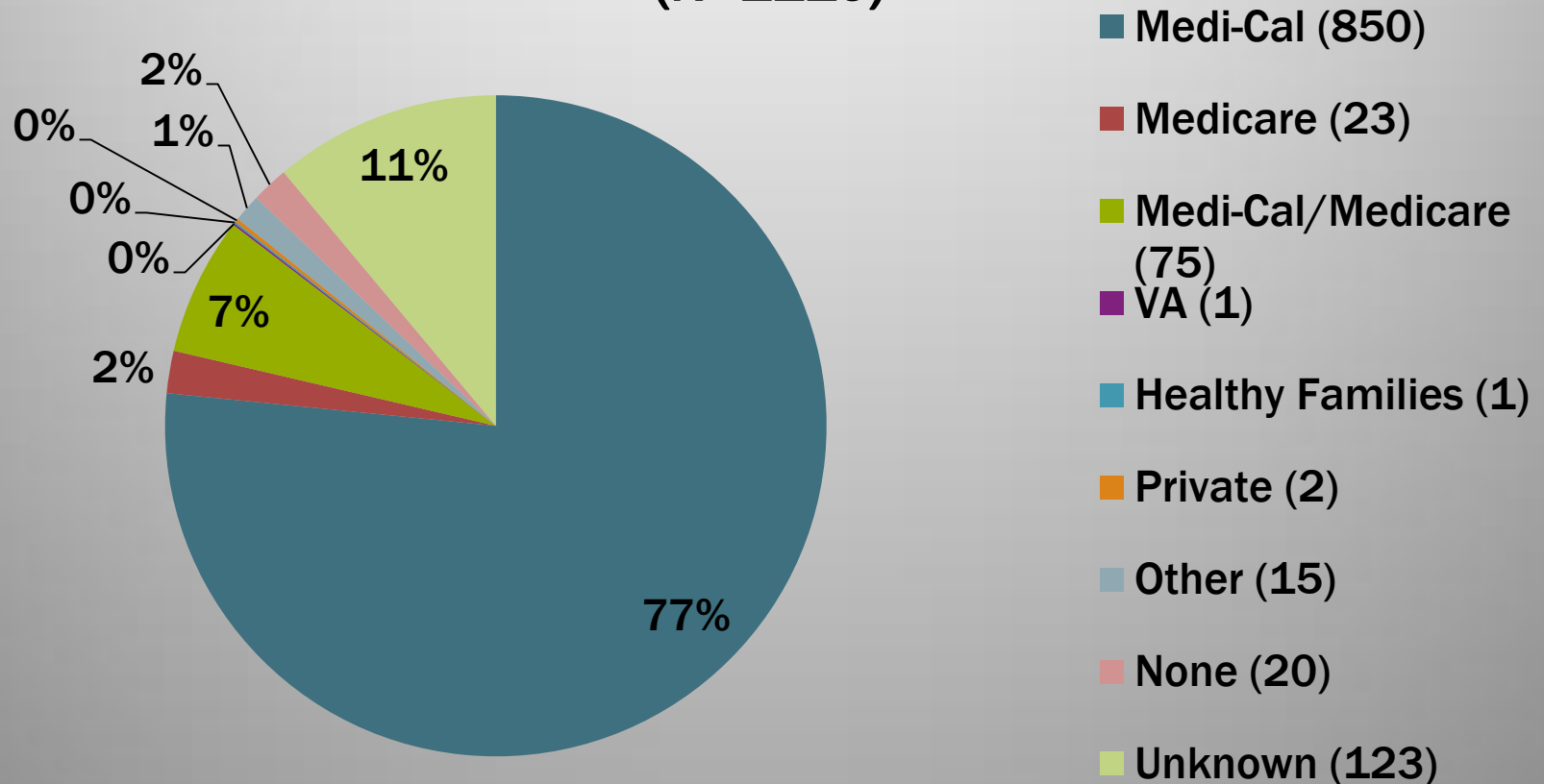
# DEMOGRAPHICS OF CLIENTS HOUSED

Race/Ethnicity of Clients Housed (N=1110)



# CLIENT HEALTH INSURANCE

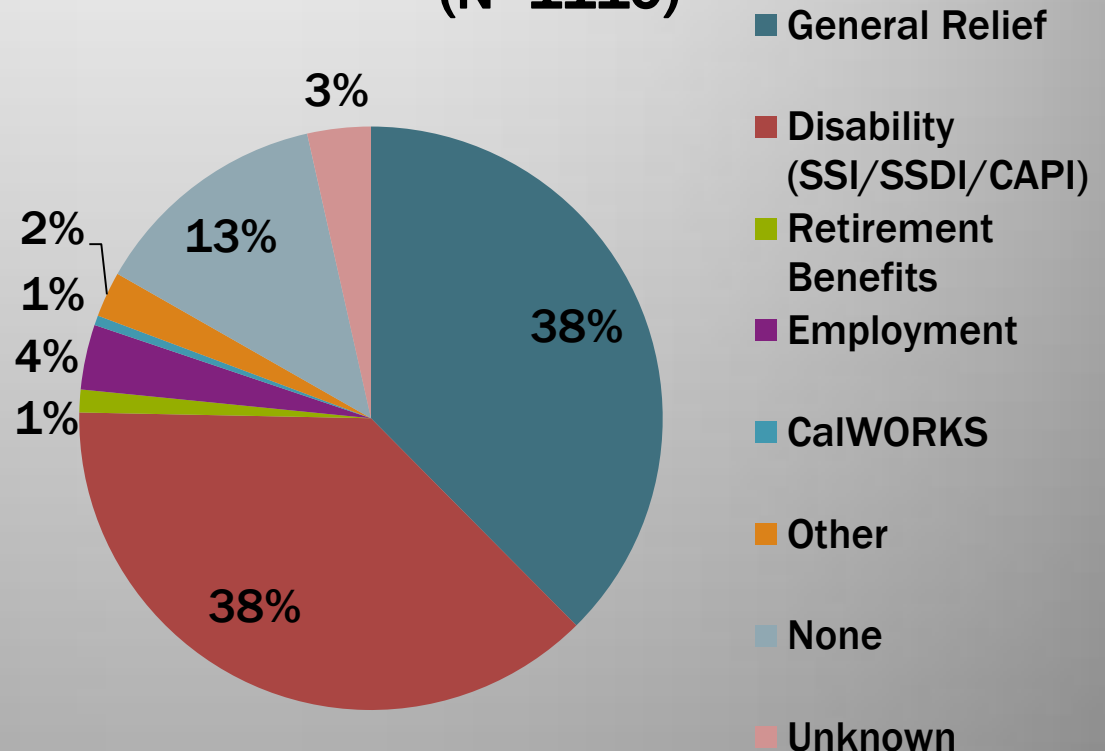
Health Insurance Type for Clients Currently Housed  
(N=1110)



# CLIENT INCOME

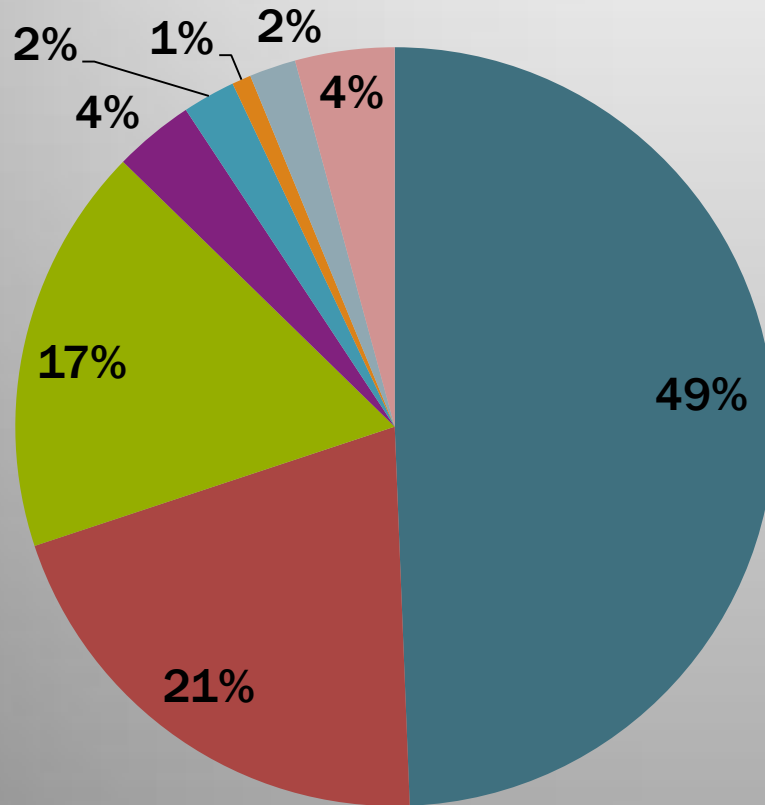
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

**Income of Clients Housed  
(N=1110)**



# TYPE OF HOUSING SUBSIDY

Subsidy Type for Clients Housed (N=1110)



- Flexible Housing Subsidy Pool (FHSP)
- Housing Authority of the City of Los Angeles (HACLA) Tenant Based Voucher
- Housing Authority of the City of Los Angeles (HACLA) Project Based Voucher
- Housing Authority of the County of Los Angeles (HACoLA) Tenant Based Voucher
- Housing Authority of the County of Los Angeles (HACoLA) Project Based Voucher
- Los Angeles Homeless Services Authority (LAHSA) Subsidy
- Shelter + Care (S+C)
- Other



# INTENSIVE CASE MANAGEMENT

---

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

# HOUSING STATUS AND RETENTION

---

## Homeless Status

- The average length of time that patients experienced homelessness was 4 years and 2 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (83%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 96% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Nine patients exited housing this quarter. Three passed away, one was incarcerated, four voluntarily surrendered their unit, one needed higher level of care.

# EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

---

- DHS Housing for Health (HFH) coordinates the Single Adult Model (SAM) program, a collaboration between DHS, DPH, DMH, DPSS, and the CDC to provide housing to high utilizing homeless GR recipients. A goal of the program is to identify opportunities for increased collaboration in the provision of services and benefits to homeless individuals across the County.
- DMH and the Probation Department have each made investments into the FHSP in order to provide supportive housing to the populations they serve.
- HFH participates in Operation Healthy Streets with other County Departments including DPH, DMH, and DPSS to provide linkage to services, benefits, and interim housing to individuals who are homeless in the Skid Row area in order to advance city street cleaning efforts. Star Clinic staff also conduct weekly outreach in Skid Row every Wednesday morning with staff from DPH, LAHSA, and LAPD.
- HFH collaborates with DMH to establish a process for enhanced referrals and linkages between the Star Clinic and DMH service providers for care coordination between DHS and DMH clinicians for clients receiving services from both departments.
- HFH launched a new initiative with the LA County Sheriff's Department and the Mental Health Court to provide housing to homeless inmates who are leaving jail or who are on conditional release.

# PERMANENT SUPPORTIVE HOUSING FUNDING

---

- The sources of funds for the Property Related Tenant Services (PRTS) FHSP work order is DHS County General Fund dollars . The estimated cost for Fiscal Year 2015-16 is \$9.3 million.
- The source of funds for contracted Intensive Case Management Services (ICMS) in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2015-16 is \$7.9 million.
- The source of funds for the Property Related Tenant Services (PRTS) work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$200,000.



# FLEXIBLE HOUSING SUBSIDY POOL



# FHSP PARTNERS



Los Angeles County  
Dept. of Health  
Services



503(c) nonprofit  
coordinating community-  
based partner



Property owners  
throughout Los  
Angeles County



LADHS Supportive  
Housing Rental  
Subsidy Program

## FHSP Quarterly and Program-to-Date Outcomes

Move-ins July-September 2015	144
Total move-ins to date	522
Units secured* July-September 2015	133
Total units secured* to date	569

**\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units. Units will be made available to DHS patients as well as other participants of the FHSP.**

# CHARACTERISTICS OF FHSP HOUSING UNITS

---

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 133 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 133 units, 47 are studios, 79 are one-bedrooms, 5 are two-bedrooms and 2 are three-bedroom.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.



# FEATURED HOUSING SITE AND PATIENT STORY



**Health Services**  
LOS ANGELES COUNTY

# HOLLENBECK TERRACE

- Opened in September 2015, after a major rehab. The building was once a hospital built for railroad employees (originally known as Santa Fe Railroad Hospital built in 1904 and then rebuilt in 1924). The new design maintained the historic façade, indoor tile work, stained glass and other original design aspects.
- Located in Boyle Heights (across the street from Hollenbeck Park).
- 100 units total with 24 units set aside for HFH referrals.
- Developed and owned by Amcal with on-site services provided by LifeSTEPS.
- Building has several gathering/community spaces for tenants and a large meeting space and patio on the top floor to promote community building.





# PATIENT SUCCESS STORY

Janice\* used to spend her days outside the New Pershing Apartments near the intersection of 5<sup>th</sup> and Main streets. The irony of a homeless woman staying on the sidewalks bordering a permanent supportive housing development was not lost on Housing For Health Outreach Worker Richard Myers.

Richy reached out to Janice in July and noticed that her speech and demeanor softened when engaged in conversation. Due to mental health issues and over a decade of living on the streets, Janice was wary of service providers and was initially reluctant to be placed in interim housing. Due to prior involuntary hospitalizations, she associated housing with unwanted mental health treatment.

Janice's past was riddled with hardship. She had spent 15 years homeless. She would take cover where ever it was dry and would wash up in a Jack In The Box bathroom.

Driven by the changes he saw when Janice received attention and support, Richy continued to work with her and within a few weeks had her apply for an ID and social security card. By late August, she was willing to enter interim housing at the Russ Hotel in Downtown Los Angeles. There, Janice quickly flourished. She established primary care at the STAR clinic and was able to secure benefits with the Department of Public Social Services during her month-long stay at the Russ. Soon, she was offered permanent supportive housing east of Downtown Los Angeles. LifeSTEPS Regional Director Rudy Contreras said her hair was matted and it was clear she had not bathed in a while. "She had nothing but a smile on her face. Once she opened the door to her apartment, that smile grew so much. It made everything we do worthwhile." Richy echoes that sentiment, "I am so grateful to be a part of her journey."

The new home is ideal for Janice. It is the second HFH project in partnership with LifeSTEPS to get clients housed quickly. The building has sweeping views of downtown from the rooftop terrace and Brilliant Corners equipped her 500-square-foot one-bedroom unit with furnishings and housing basics like bed sheets and dinnerware. Janice praises the work that DHS and LifeSTEPS have done together. She has started working with her LifeSTEPS case manager to manage her money and get herself settled.

A day after moving in, Richy and HFH Project Manager Leepi Shimkhada were eager to drop off some items for Janice's pantry, but they were made to wait at her front door. She was a little busy doing something many of us take for granted. She was taking a shower.

\*Name changed



# Health Services

LOS ANGELES COUNTY

February 8, 2016

## Los Angeles County Board of Supervisors

**Hilda L. Solis**  
First District

**Mark Ridley-Thomas**  
Second District

**Sheila Kuehl**  
Third District

**Don Knabe**  
Fourth District

**Michael D. Antonovich**  
Fifth District

**TO:** Supervisor Hilda L. Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

**FROM:** Mitchell H. Katz, M.D.  
Director

## **SUBJECT: HOUSING FOR HEALTH (HFH) QUARTERLY REPORT**

**Mitchell H. Katz, M.D.**  
Director

**Hai F. Yee, Jr., M.D., Ph.D.**  
Chief Medical Officer

**Christina R. Ghaly, M.D.**  
Deputy Director, Strategy and Operations

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance use disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

### **BACKGROUND**

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

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Los Angeles, CA 90012

Tel: (213) 240-8101  
Fax: (213) 481-0503

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*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*

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Each Supervisor  
February 8, 2016  
Page 2

**QUARTERLY REPORT**

Please find attached the quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

Attachment

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

# HOUSING — FOR — HEALTH

Quarterly Report October-December 2015



Health Services  
LOS ANGELES COUNTY

# GOALS

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- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**

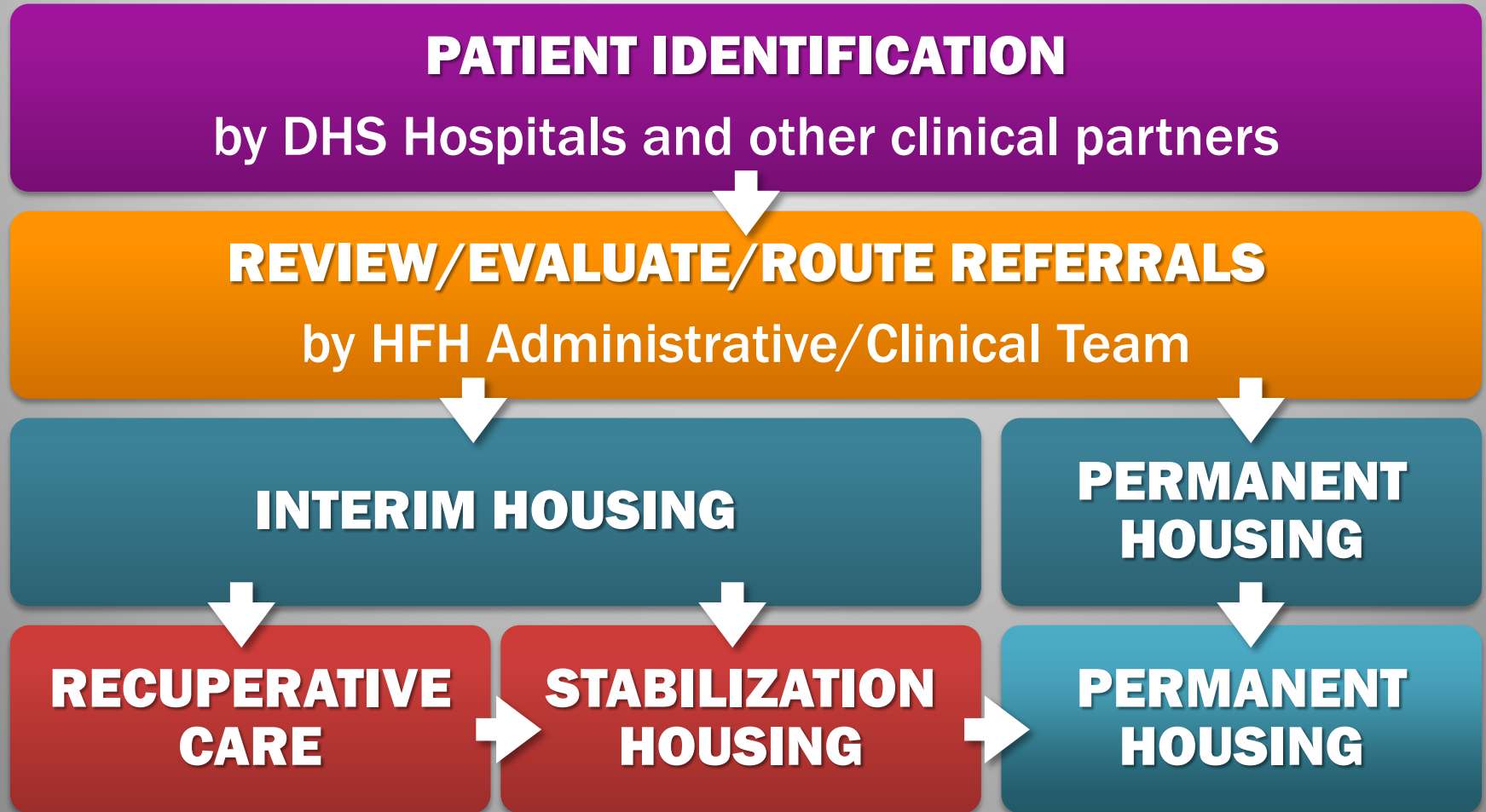


# CLIENTS HOUSED

- Housing for Health (HFH) clients are DHS patients who are homeless and who have complex medical and behavioral health conditions and are high utilizers of DHS services.



# HFH CLIENT PROCESS

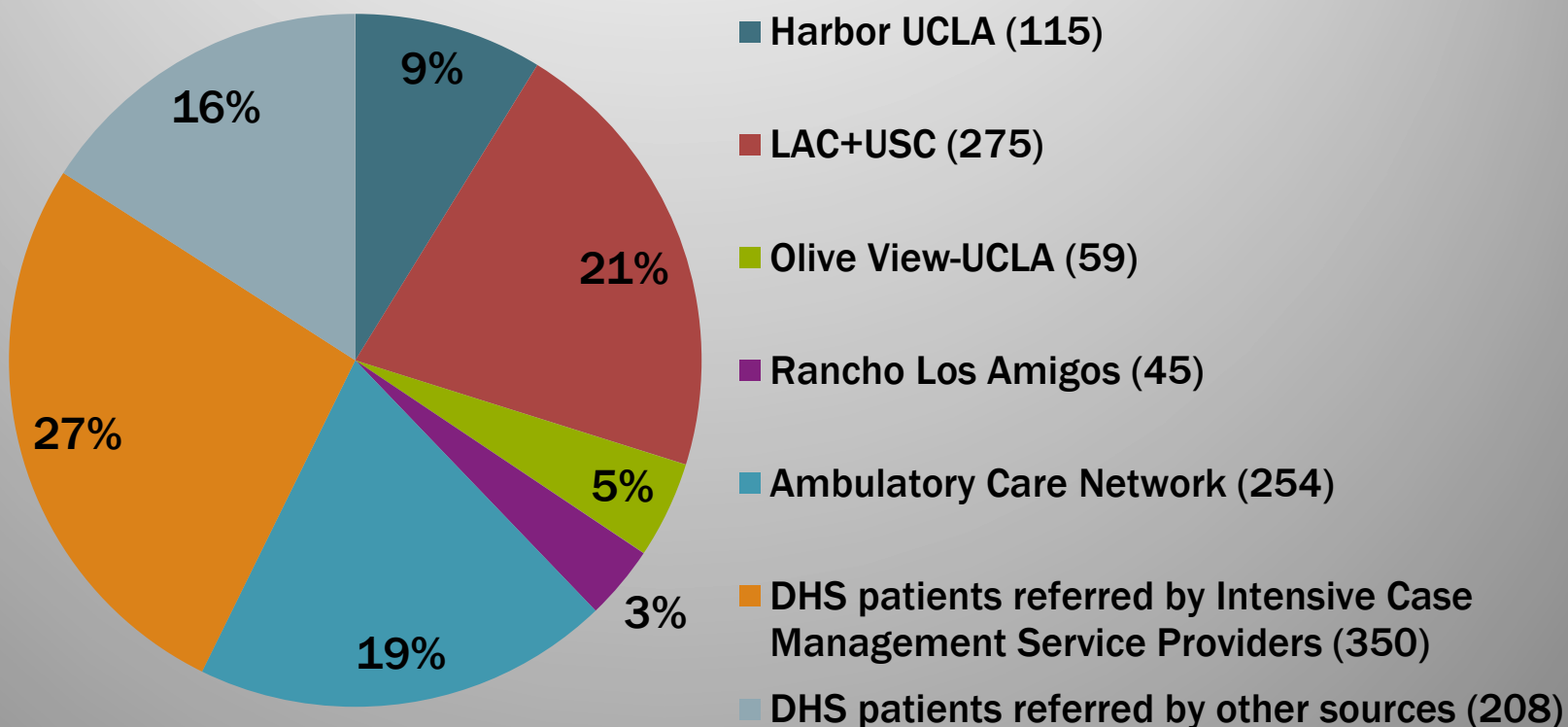


# Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

Total # of patients who have attained housing since HFH began in November 2012	1306
Total # of patients who are currently housed	1197
Total # of patients housed October-December 2015	198

# WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=1306)



# HEALTH CONDITIONS OF CLIENTS HOUSED

## MOST COMMON CONDITIONS:

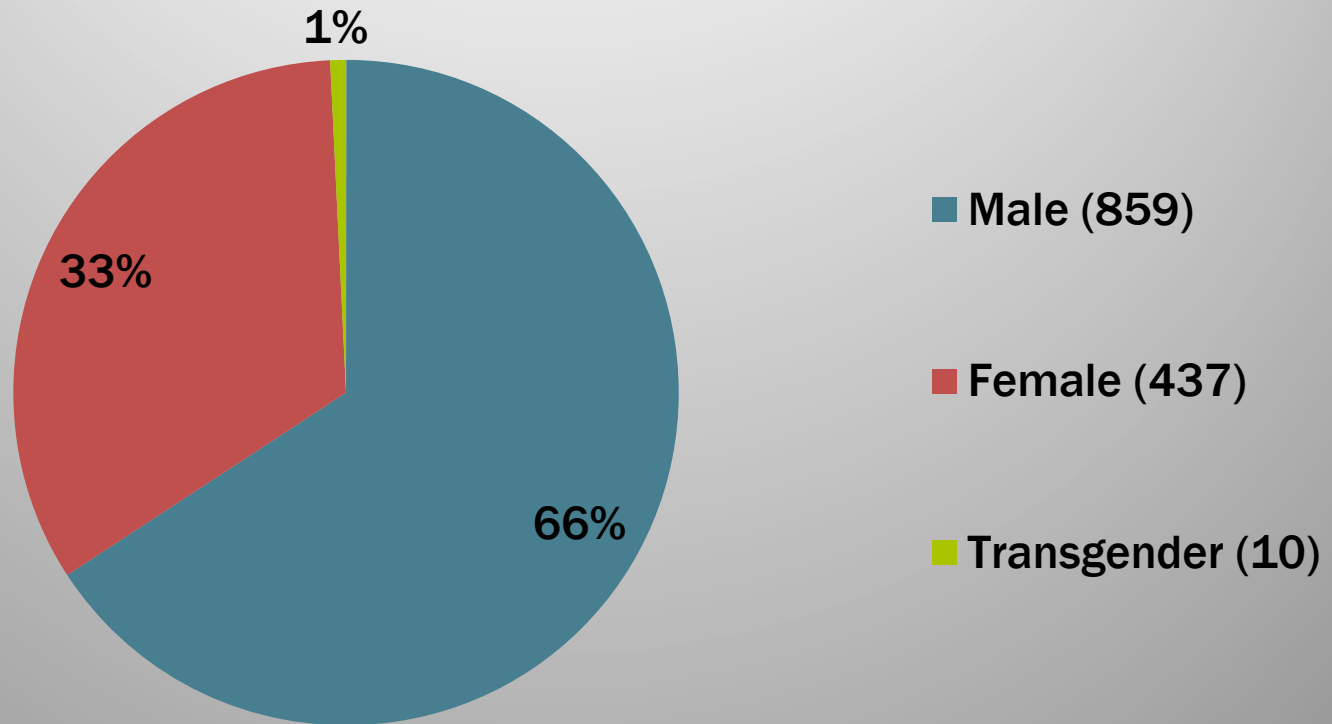
- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**



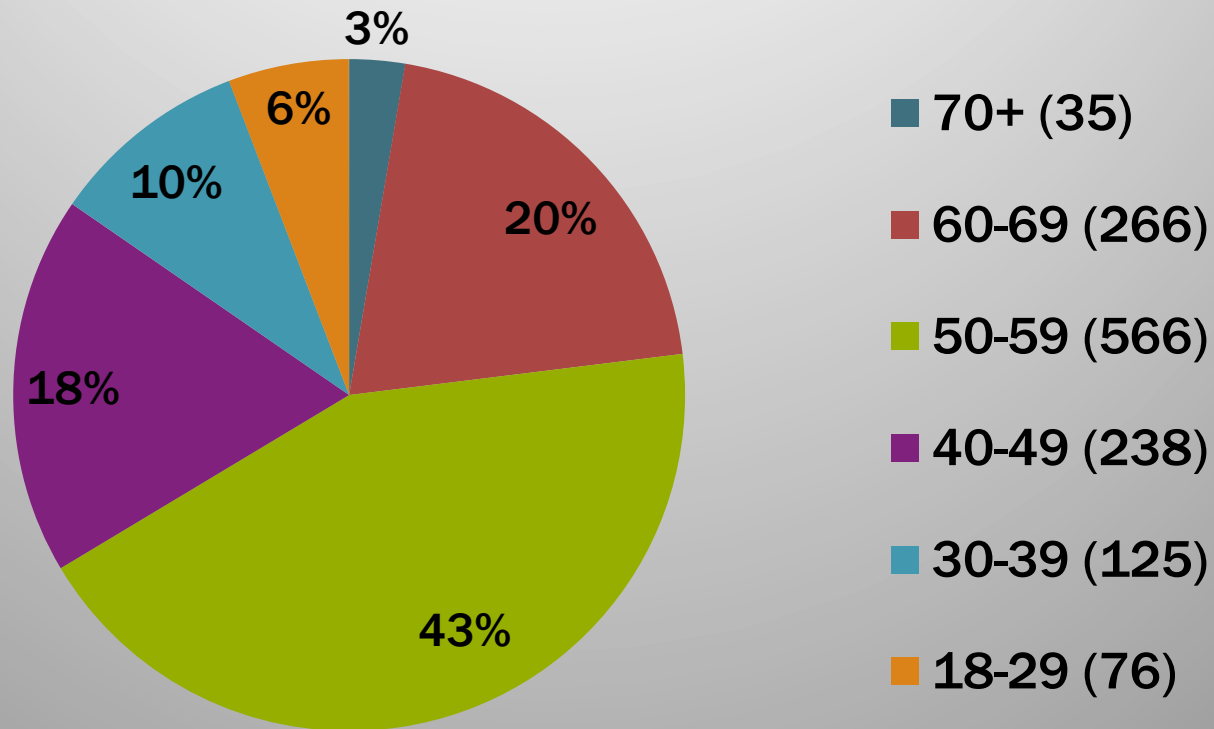
# DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=1306)



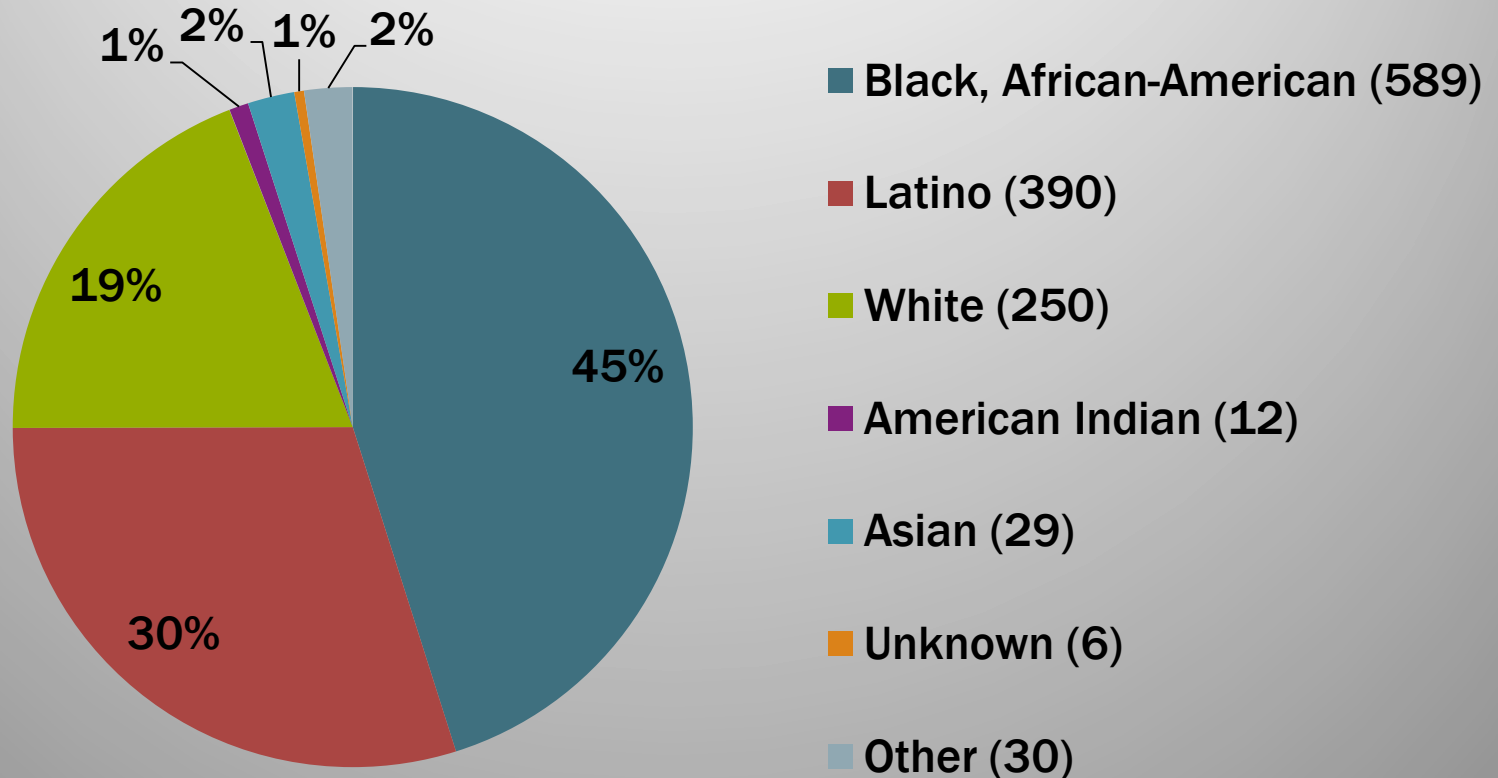
# DEMOGRAPHICS OF CLIENTS HOUSED

Age of Clients Housed (N=1306)



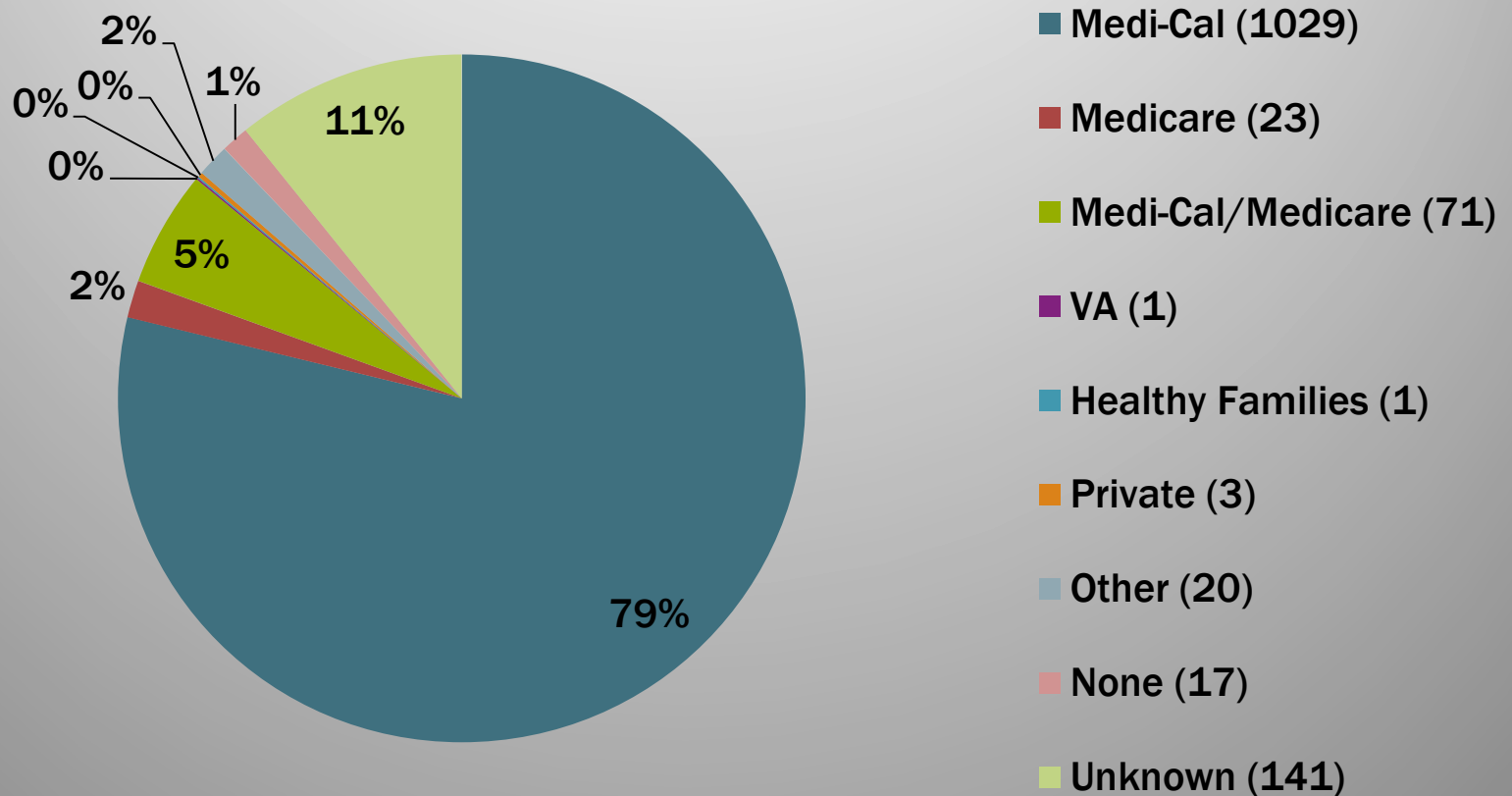
# DEMOGRAPHICS OF CLIENTS HOUSED

**Race/Ethnicity of Clients Housed (N=1306)**



# CLIENT HEALTH INSURANCE

Health Insurance Type for Clients Currently Housed  
(N=1306)

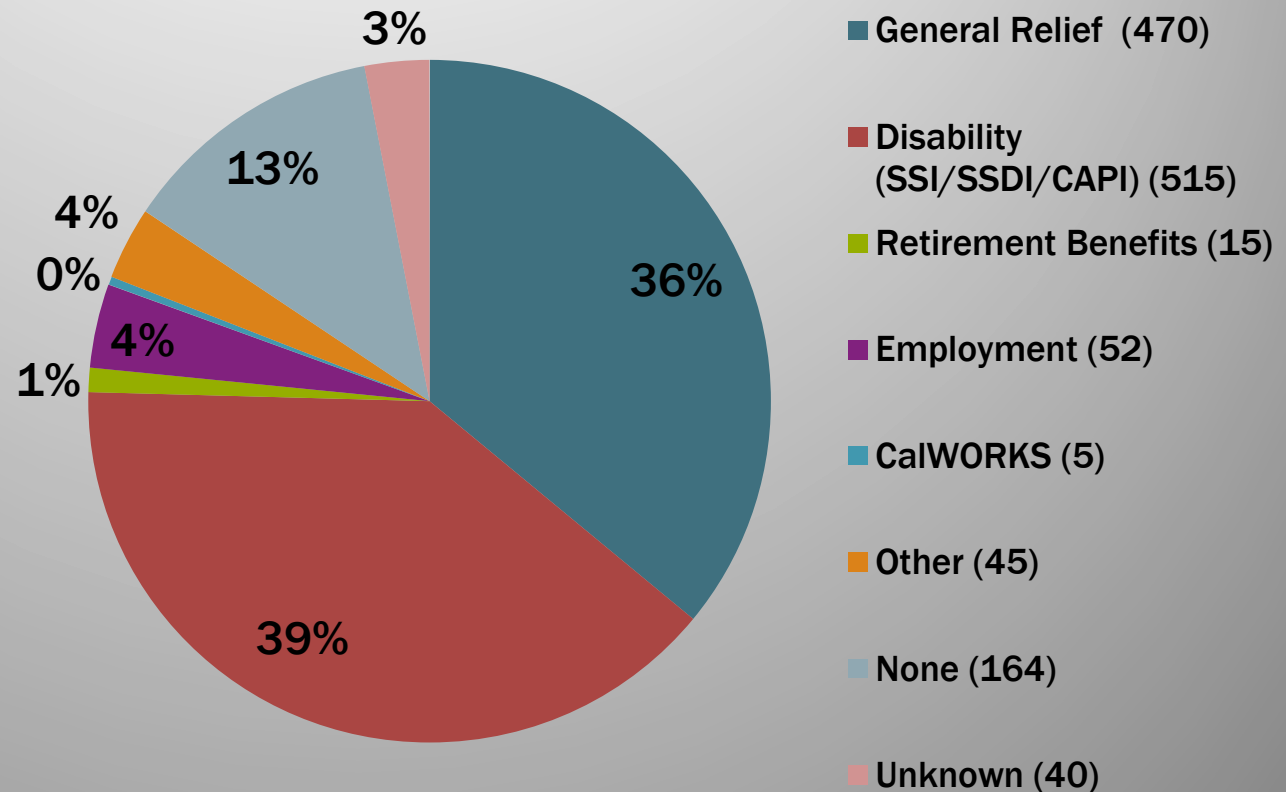




# CLIENT INCOME

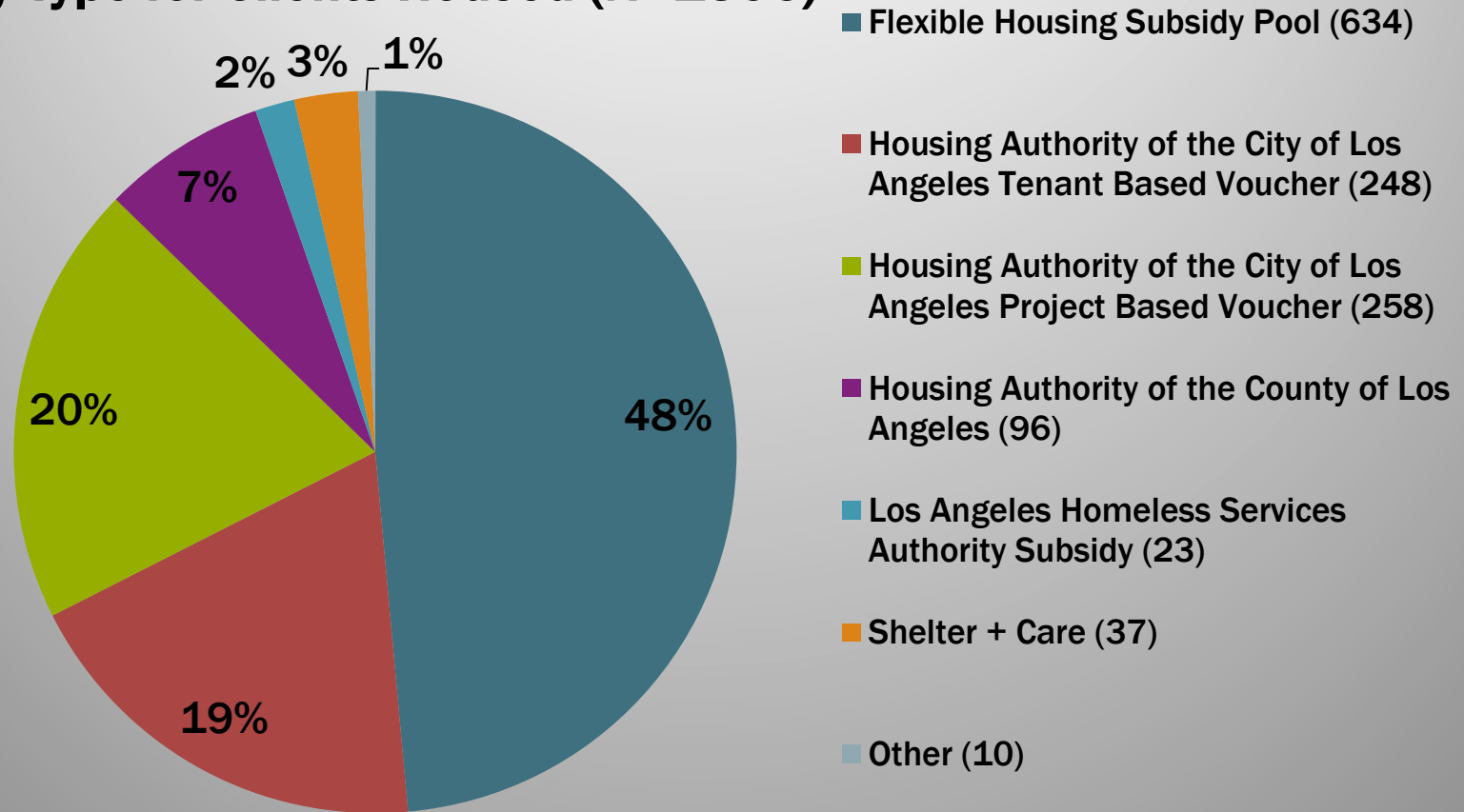
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

**Income of Clients Housed (N=1306)**



# TYPE OF HOUSING SUBSIDY

Subsidy Type for Clients Housed (N=1306)



# INTENSIVE CASE MANAGEMENT

---

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

# HOUSING STATUS AND RETENTION

---

## Homeless Status

- The average length of time that patients experienced homelessness was 4 years and 2 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (84%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 97% of tenants retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Twenty-eight (28) patients exited housing this quarter. Thirteen (13) passed away, one (1) was incarcerated, seven (7) voluntarily surrendered their unit, two (2) abandoned their unit, one (1) was evicted and four (4) moved to another independent living situation or moved in with friends.



# **EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION**

---

- **DHS Housing for Health (HFH) coordinates the Single Adult Model (SAM) program, a collaboration between DHS, DPH, DMH, DPSS, and the CDC to provide housing to high utilizing homeless GR recipients. A goal of the program is to identify opportunities for increased collaboration in the provision of services and benefits to homeless individuals across the County.**
- **DMH has an ongoing investment in the FHSP in order to provide supportive housing and move-in assistance to DMH clients.**
- **HFH collaborates with DMH to establish a process for enhanced referrals and linkages between the Star Clinic and DMH service providers for care coordination between DHS and DMH clinicians for clients receiving services from both departments.**

# **EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION**

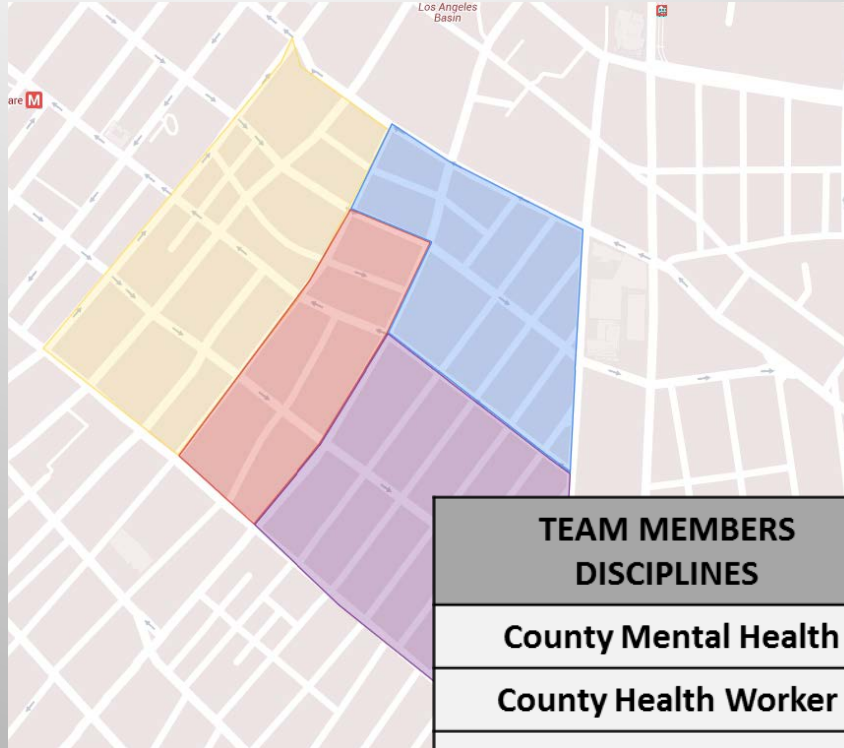
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**HFH leads or supports the following diversion and reentry related efforts:**

- **Breaking Barriers**-a partnership with the Probation Department to provide rapid rehousing and employment services to homeless probationers
- **MIST**-an effort to provide supportive housing as an alternative to custody for homeless inmates who are charged with a misdemeanor and deemed incompetent to stand trial
- **Sheriff's Department Pilot**-a pilot program to provide jail in-reach and permanent supportive housing to homeless inmates who have a physical and/or behavioral health condition.
- **Board and Care for AB109 probationers**-an initiative to provide board and care housing for medically fragile homeless AB109 probationers

# EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

- In December, HFH launched C3, or County + City + Community, the Skid Row street-based outreach and engagement team
- Four multidisciplinary teams (with staff from DHS, DMH, DPH, and LAHSA) will be providing outreach and engagement to each quadrant of Skid Row five days a week
- The goal of C3 is to reduce street homelessness in the area by 25% each year for the next four years



TEAM MEMBERS DISCIPLINES	STAFF
County Mental Health	1 Staff
County Health Worker	1 Staff
County Substance Abuse	1 Staff
LAHSA ERT	1 Staff
AmeriCorps Members	2 Staff
<b>TOTAL</b>	<b>6 staff per Team</b>

# PERMANENT SUPPORTIVE HOUSING FUNDING

---

- The sources of funds for the Property Related Tenant Services (PRTS) FHSP work order is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$9.3 million.
- The source of funds for contracted Intensive Case Management Services (ICMS) in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2015-16 is \$7.9 million.
- The source of funds for the Property Related Tenant Services (PRTS) work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$200,000.



# FLEXIBLE HOUSING SUBSIDY POOL



# FHSP PARTNERS



Los Angeles County  
Dept. of Health  
Services



503(c) nonprofit  
coordinating community-  
based partner



Property owners  
throughout Los  
Angeles County



LADHS Supportive  
Housing Rental  
Subsidy Program

## FHSP Quarterly and Program-to-Date Outcomes

Move-ins October-December 2015	97
Total move-ins to date	634
Units secured* October-December 2015	112
Total units secured* to date	681

**\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units. Units will be made available to DHS patients as well as other participants of the FHSP.**

# CHARACTERISTICS OF FHSP HOUSING UNITS

---

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional **112** units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the **112** units, **33** are studios, **71** are one-bedrooms, **1** is a three-bedroom, **1** is a four-bedroom and **6** are rooms in Residential Care Facilities.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.



# FEATURED HOUSING SITE AND PATIENT STORY



Health Services  
LOS ANGELES COUNTY



# THE SIX

Starting in World War II, soldiers would tell each other, “I got your six” as a way to say “I’ve got your back.” Whereas your twelve is right in front of you, your six is directly behind you and your most vulnerable spot.

The Six Apartments opened on September 11, 2015 with 52 units, offices for case management and social services as well as multiple therapeutic and rehabilitative spaces. The courtyard, rooftop garden and community space serve as social hubs.

True to its name, the building offers help to its residents at their most vulnerable and offers them housing and support when they need it the most.

Located in the Westlake neighborhood near MacArthur Park, the Skid Row Housing Trust-developed building was designed by Brooks + Scarpa Architects.



# FEATURED CLIENT SUCCESS STORY

Living with end-stage renal disease, severe scoliosis of the spine, hypertension and muscular atrophy allowed Miguel\* to stay at a medical facility, but he could not leave his blind mother behind on the streets alone. For months, Gloria\* slept under her son's hospital bed and hid in a small closet in his room until they were referred to Housing for Health.

The mother and son had been living in El Monte until Miguel's health deteriorated to the point he could no longer work and support the family. They lost their home and were on the streets for more than a year before their time at the medical facility.

Their health and homelessness left them feeling very vulnerable and wary to the prospect of receiving assistance. When they were offered Intensive Case Management Services from GettLOVE, they would whisper to each other before answering basic assessment questions. When GettLOVE's Program Manager Keegan Hornbeck informed them that their new home would be supplied with new furniture, the family was skeptical and continued to spend almost all of their money on a storage unit that housed the only things they owned.

Finding the family housing was a unique challenge for the GettLOVE team. The ideal unit would have to be completely accessible for Miguel's wheelchair and have an open and easily-navigated layout for Gloria's needs. The team found that locating a unit – even on the ground floor—that does not require someone to climb at least a few stairs is incredibly rare. Over the course of months, GettLOVE's Housing Specialist reached out to property owners and advocated for the family until they found their home.

The large ground-level unit has dual entries that allow wheelchair access and have a handrail for Gloria. The unit has its own washer and dryer, meaning the family would not have to transport their clothing to and from a laundromat. GettLOVE provided assistance with the family's move – including emptying out their storage unit.

At the medical facility, Miguel would share his diet-specific meals with his mother at the expense of receiving the nutrients he needed for his disease. Now, in their own kitchen, they are able to plan and prepare their own meals. They have both reported greater adherence to their medical treatment due to having stable housing. Laughter has replaced their quiet whispers. When handed the keys, to their new home, Gloria stated, "I don't know if this is just a really good dream or if I have been having a nightmare for the last five years and I am just now waking up".

\*Names have been changed



## Health Services LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

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Second District

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April 29, 2016

TO: Supervisor Hilda Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D.  
Director

### SUBJECT: HOUSING FOR HEALTH QUARTERLY REPORT

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance use disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

### BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

## **NEW EXECUTED WORK ORDER**

Pursuant to the Supportive Housing Services Master Agreement (SHSMA) approved by the Board on June 19, 2012, this is to advise that DHS has executed Work Orders to the SHSMA with Downtown Women's Center to provide intensive case management services in supportive housing to clients who are homeless in the Second Supervisorial District, especially women, and with Mental Health America of Los Angeles, PATH, Special Service for Groups, St. Joseph's Center, LAMP, L.A. Family Housing, and Union Station to provide ICMS in rapid rehousing. County Counsel has reviewed and approved the Work Orders.

## **SUPPORTIVE HOUSING SERVICES MASTER AGREEMENT EXTENSION**

In order to meet the goals of the Board's Countywide Strategic Initiatives (Homeless Initiative – Affordable Housing), DHS has secured the aforementioned SHSMA with ICMS providers and secured commitments from housing developers that are preparing more housing units Countywide for use by DHS clients through SHSMA Property Related Tenant Services (PRTS) agreements.

Accordingly, DHS intends to exercise its delegated authority to execute a five-year extension of the SHSMA for the period July 1, 2017 to June 30, 2022, on or after July 1, 2016. The extension of existing SHSMA ICMS and PRTS work orders and execution of new work orders, subject to review and approval of County Counsel, will enable DHS to continue partnering with ICMS and PRTS contractors to leverage their expertise in the implementation of new housing programs including Office of Diversion and Reentry Housing and County Homeless Initiative programs.

## **QUARTERLY REPORT**

Please find the attached quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

cc: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment



# HOUSING — FOR — HEALTH

Quarterly Report January-March 2016



Health Services  
LOS ANGELES COUNTY

# GOALS

---

- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**



# CLIENTS HOUSED

- Housing for Health provides housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of county services, and other vulnerable populations.

# HFH CLIENT PROCESS

## CLIENT IDENTIFICATION

by DHS facilities, County departments, CES, and other partners

## REVIEW/EVALUATE/ROUTE REFERRALS

by HFH Administrative/Clinical Team

## INTERIM HOUSING

**RECUPERATIVE  
CARE**

**STABILIZATION  
HOUSING**

**PERMANENT  
HOUSING**

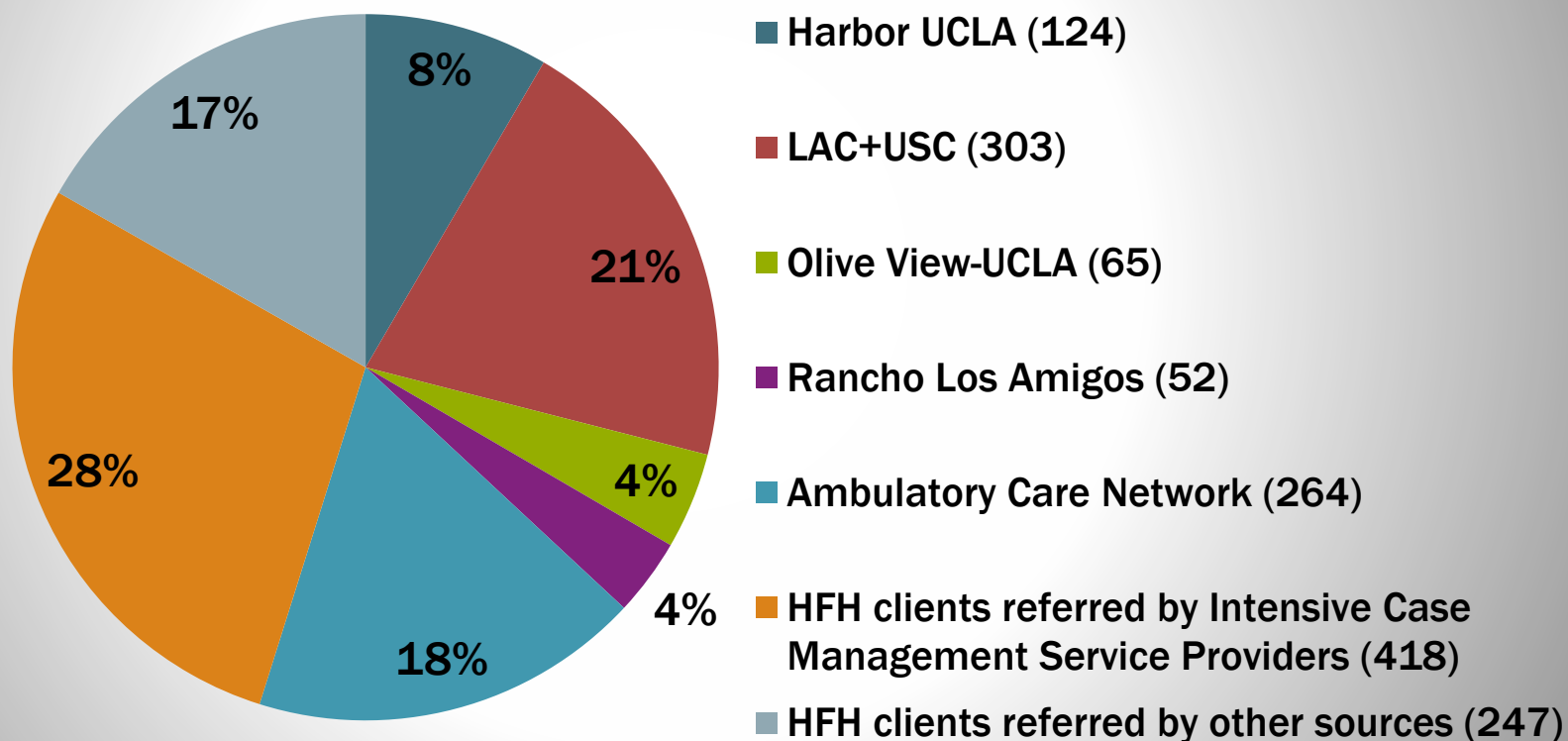
# Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

Total # of clients who have attained housing since HFH began in November 2012	1473
Total # of clients who are currently housed	1332
Total # of clients housed January-March 2016	146



# WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=1473)



# HEALTH CONDITIONS OF CLIENTS HOUSED

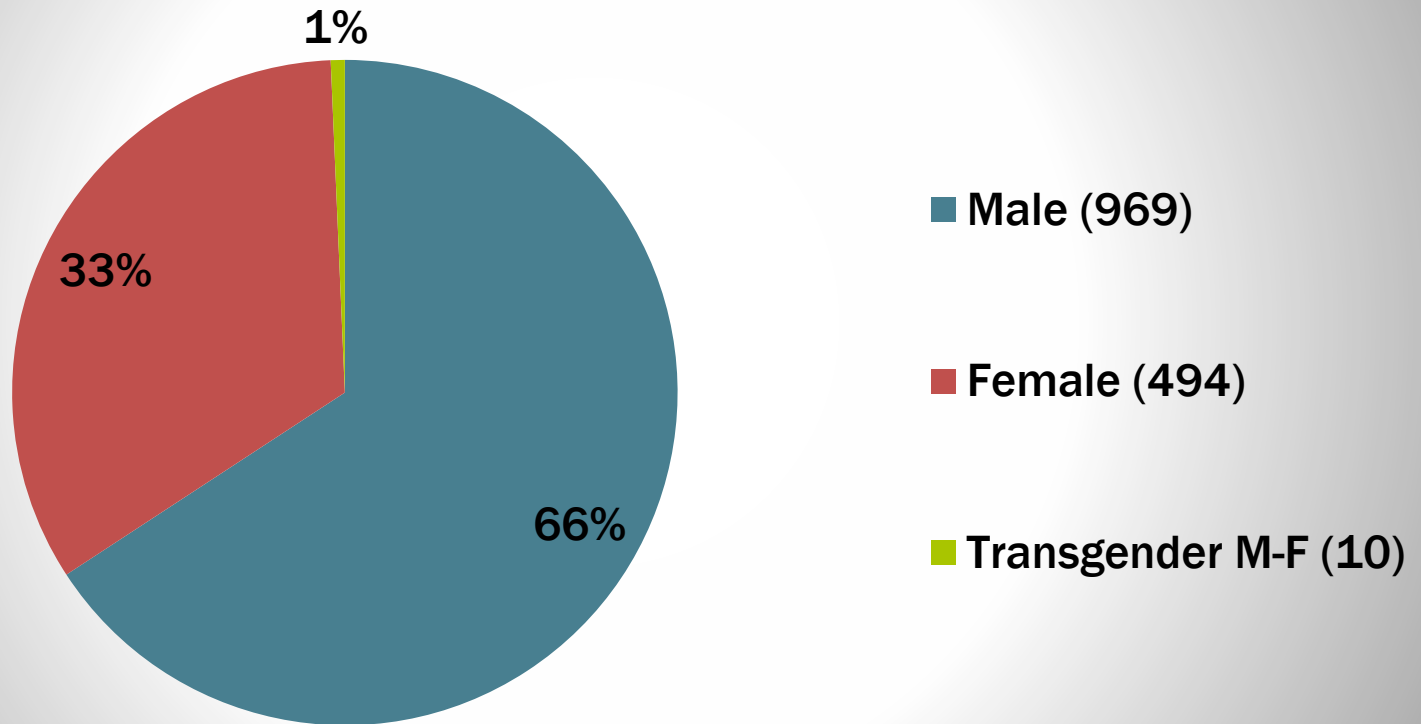
## MOST COMMON CONDITIONS:

- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**

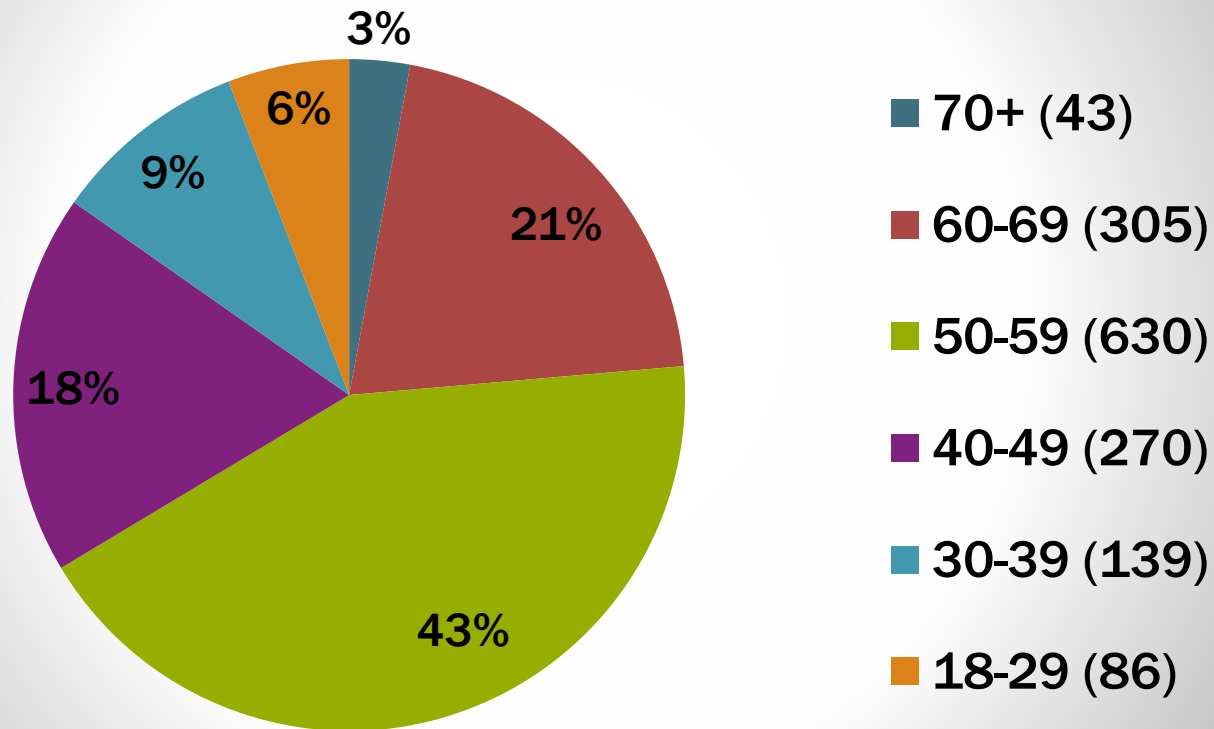
# DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=1473)



# DEMOGRAPHICS OF CLIENTS HOUSED

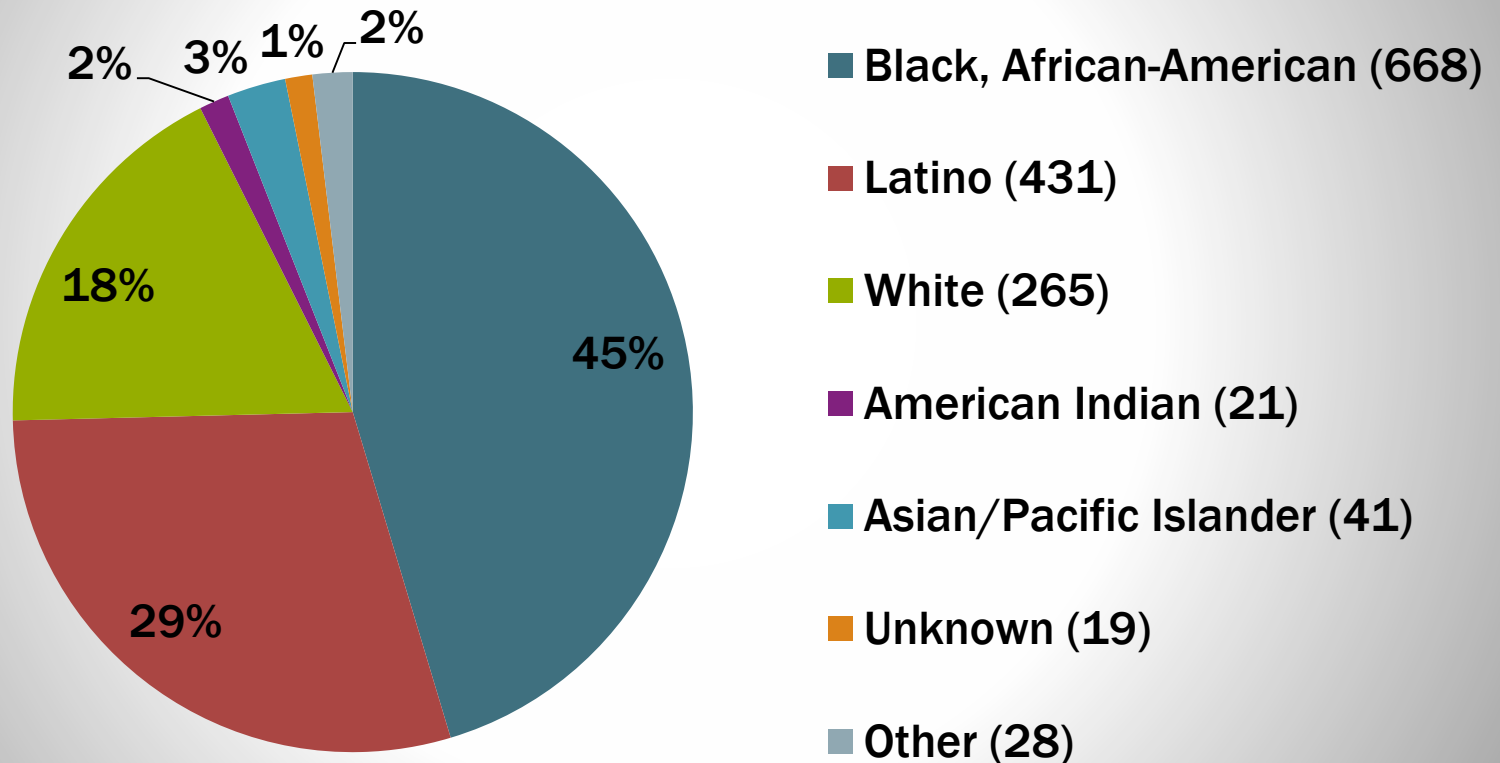
Age of Clients Housed (N=1473)





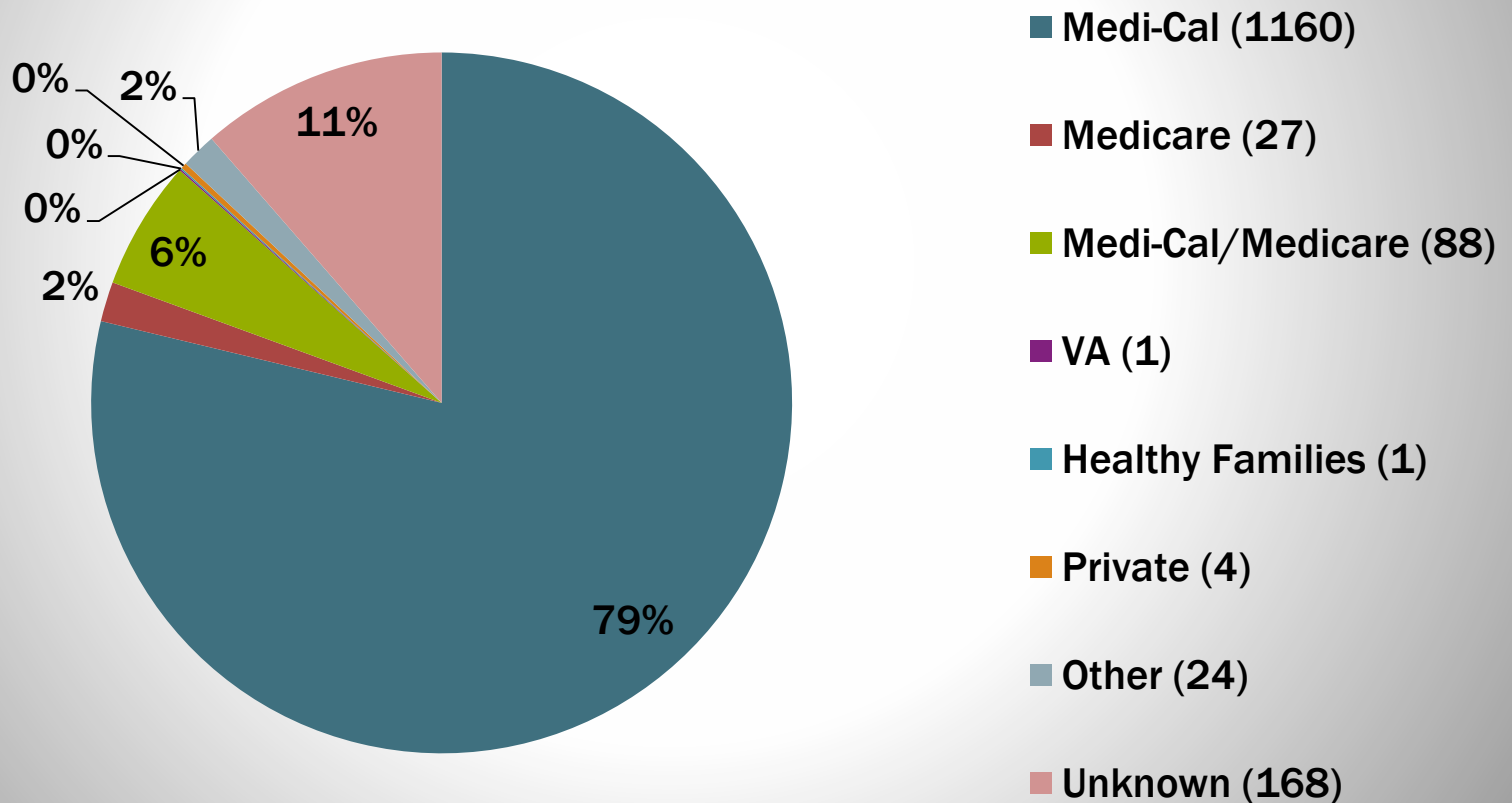
# DEMOGRAPHICS OF CLIENTS HOUSED

**Race/Ethnicity of Clients Housed (N=1473)**



# CLIENT HEALTH INSURANCE

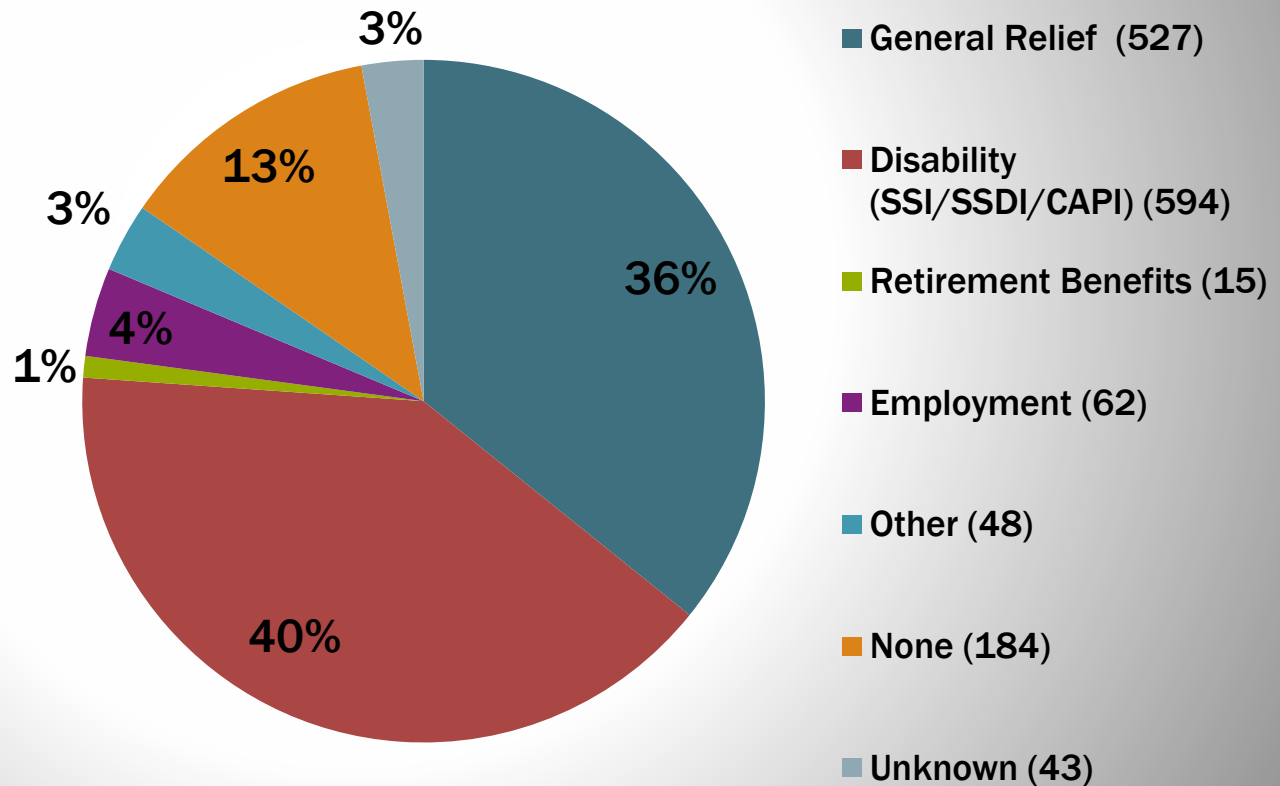
Health Insurance Type for Clients Currently Housed  
(N=1473)



# CLIENT INCOME

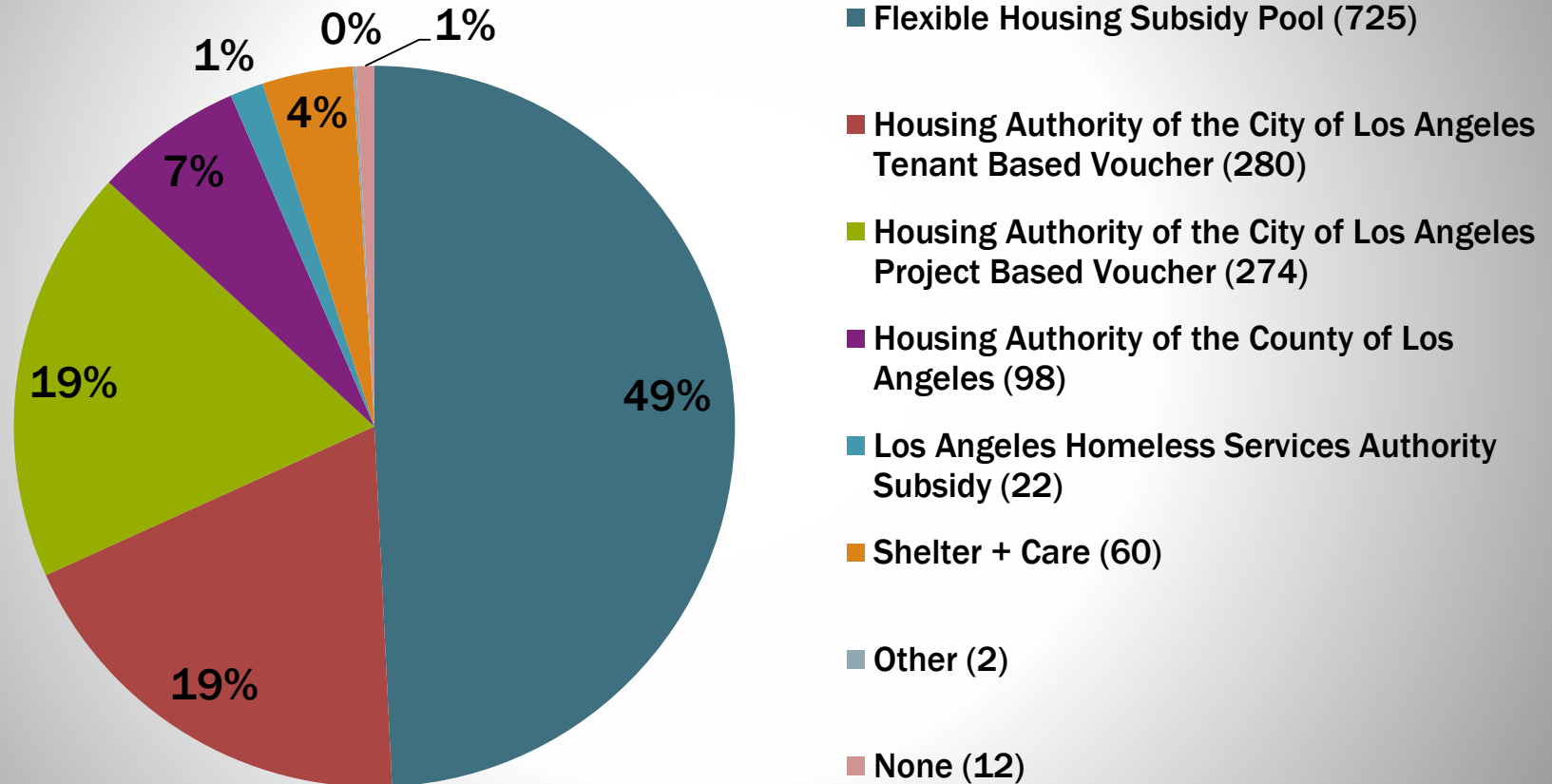
- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

**Income of Clients Housed (N=1473)**



# TYPE OF HOUSING SUBSIDY

## Subsidy Type for Clients Housed (N=1473)



# INTENSIVE CASE MANAGEMENT

---

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.



# HOUSING STATUS AND RETENTION

## Homeless Status

- The average length of time that clients experienced homelessness was 4 years and 8 months and the median length of time was 3 years.
- The majority of HFH clients were chronically homeless (88%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

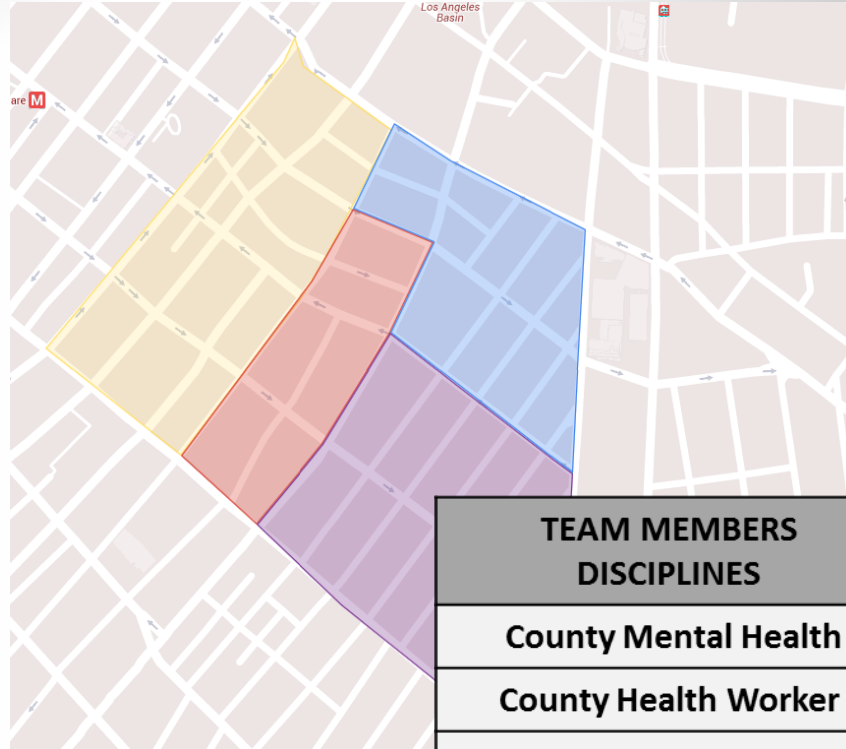
- 97% of clients retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Twenty-eight (28) clients exited housing this quarter. Ten (10) passed away, four (4) needed higher level of care, six (6) voluntarily surrendered their unit, three (3) moved into other independent living situation or moved in with family and friends, three (3) were evicted, and two (2) were incarcerated.

# EFFORTS TO IMPROVE COUNTY SERVICE INTEGRATION

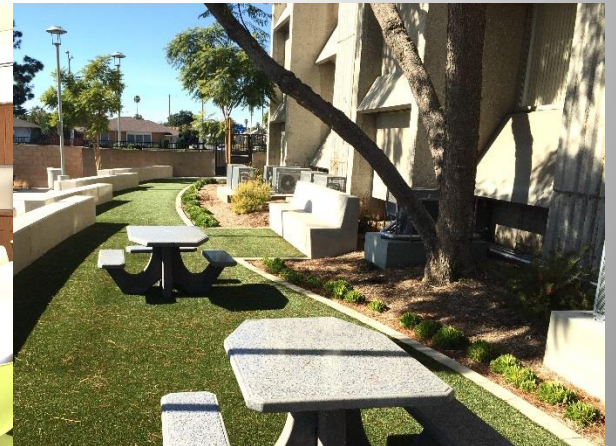
- HFH leads C3, or County + City + Community, the Skid Row street-based outreach and engagement team
- Four multidisciplinary teams (with staff from DHS, DMH, DPH, and LAHSA) will be providing outreach and engagement to each quadrant of Skid Row five days a week
- The goal of C3 is to reduce street homelessness in the area by 25% each year for the next four years



TEAM MEMBERS DISCIPLINES	STAFF
County Mental Health	1 Staff
County Health Worker	1 Staff
County Substance Abuse	1 Staff
LAHSA ERT	1 Staff
AmeriCorps Members	2 Staff
<b>TOTAL</b>	<b>6 staff per Team</b>

# MLK RECUPERATIVE CARE CENTER

- In January 2016 HFH opened the 100-bed MLK Recuperative Care Center on the campus of the Martin Luther King, Jr. Outpatient Center in South Los Angeles. Recuperative care is a program that provides interim housing combined with health monitoring for individuals who are homeless and recovering from an acute illness or injury. Clinical oversight addresses the medical needs of these patients whose conditions would be exacerbated by living on the street or in a shelter. For homeless individuals with complex medical and psycho-social conditions, recovering in a stable environment with access to medical care and other supportive services is key to the successful transition into permanent supportive housing.
- DHS partners with JWCH to operate the MLK Recuperative Care Center. DHS staff provide onsite clinical services and overall program management. JWCH provides a range of operational and intensive case management services including 24/7 health monitoring, assistance with activities of daily living, linkage to health, mental health, and substance use disorder services, benefits establishment, group and social activities, transportation, and coordination with permanent housing providers to support the transition of clients to permanent housing.



# PERMANENT SUPPORTIVE HOUSING FUNDING

---

- The sources of funds for the Property Related Tenant Services (PRTS) FHSP work order is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$9.3 million.
- The source of funds for contracted Intensive Case Management Services (ICMS) in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2015-16 is \$7.9 million.
- The source of funds for the Property Related Tenant Services (PRTS) work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$200,000.



# FLEXIBLE HOUSING SUBSIDY POOL





# FHSP PARTNERS



Los Angeles County  
Dept. of Health  
Services



503(c) nonprofit  
coordinating community-  
based partner



Property owners  
throughout Los  
Angeles County



LAC-DHS Supportive  
Housing Rental  
Subsidy Program

## FHSP Quarterly and Program-to-Date Outcomes

Move-ins January-March 2016	106
Total move-ins to date	725
Units secured* January-March 2016	80
Total units secured* to date	761

**\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units. Units will be made available to DHS patients as well as other participants of the FHSP.**

# CHARACTERISTICS OF FHSP HOUSING UNITS

---

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 80 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 80 units, 15 are studios, 42 are one-bedrooms, 7 are three-bedrooms, and 16 are rooms in Residential Care Facilities.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.

# FEATURED HOUSING SITE AND PATIENT STORY



**Health Services**  
LOS ANGELES COUNTY



# THE GATEWAY

A permanent supportive housing development for those transitioning out of homelessness might seem like an unwelcome addition in the upscale Del Rey neighborhood. In fact, it was quite the opposite. The neighborhood council supported the project and immediate neighbors have provided nothing but positive feedback about the design of the building and its inclusion in the neighborhood.

Securing the land was the largest hurdle for The Gateway, a 20-unit LEED-certified building with a sprawling rooftop garden and community room developed by the Hollywood Community Housing Corporation and the Venice Community Housing Corporation. DHS Housing for Health is providing the rental subsidies and supportive services which helped make the project a reality. Intensive Case Management Services are provided to Gateway residents by the nonprofit St. Joseph's Center.

It's important to affordable housing developers, service providers, and community members to explore ways to ensure neighborhoods remain diverse and accessible to low-income and homeless residents – and this project contributes to that vision. Bus lines, affordable restaurants, and groceries are all within walking distance of the building.



The Brooks + Scarpa Architects design features full-length windows to maximize light in each one-bedroom unit, a beautiful roof-top patio with gardening space for tenants, a large community room for group activities, a second floor public balcony, hallways open to the fresh air, and offices for service providers.



# FEATURED CLIENT SUCCESS STORY

Angela\* had been homeless for more than 25 years, roaming from corner to corner on Skid Row under a drug-induced fog. “There is nowhere in downtown I haven’t been. Some places were dark and spooky,” she said recently. “I went to some places nobody should ever go.”

After losing custody of her five children and seeing friends pass away in the streets, she decided she wanted a different life. When outreach workers approached her, Angela immediately signed up for assistance through the Coordinated Entry System and was connected to the Star Clinic for treatment of her uncontrolled diabetes and heart disease. The ability to visit a clinic with a permanent location and see the same provider introduced Angela to some stability and created the foundation for a healthier life. She credits many of her achievements to Nurse Practitioner Lynda Stack and the rest of the Star Clinic’s staff. “Since I’ve been under [their] care, my life has changed,” Angela said.

Stack referred Angela to Housing for Health and she was placed in Interim Housing. Wanting to get away from the temptations and influences of Skid Row, Angela waited a few extra months for placement at LAMP HAUS, an interim housing site near MacArthur Park. She was connected to intensive case management services and again had to turn down an opportunity for a faster permanent housing placement near her old stomping grounds. Luckily a scattered site housing placement became available and Angela signed a lease in a neighborhood where she could thrive.

Her case manager at LAMP, Lydia Echols, said Angela is a great advocate for herself and others. “She knows what she needs and who to ask for it.” Echols continued, saying that many people in her situation are afraid to speak out in fear of not getting housed or seeming difficult, but she knew she wanted to get better, something that Angela proudly acknowledges. “My diabetes is controlled now. I’m getting treatment for my heart. I don’t want to die. If I didn’t die during my addiction I sure don’t want to die now, not for lack of care.”

Aside from her health improving, Angela has improved relations with her two youngest children, who she lost custody of when the youngest was only a few months old. “Now my daughter is 20 and has a baby of her own. I wanted to make sure I had a place that they could come and visit me in.”

\*Name has been changed



## Health Services LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

Hilda L. Solis  
First District

Mark Ridley-Thomas  
Second District

Sheila Kuehl  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

July 29, 2016

TO: Supervisor Hilda Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*  
Director

SUBJECT: **HOUSING FOR HEALTH QUARTERLY REPORT**

Mitchell H. Katz, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

Christina R. Ghaly, M.D.  
Chief Operations Officer

313 N. Figueroa Street, Suite 912  
Los Angeles, CA 90012

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[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

On January 14, 2014, the Board instructed the Director of the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance use disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

### BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

Each Supervisor  
July 29, 2016  
Page 2

## **QUARTERLY REPORT**

Please find the attached quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-8107.

MHK:mg

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

Attachment

# HOUSING — FOR — HEALTH

Quarterly Report April-June 2016



Health Services  
LOS ANGELES COUNTY

# GOALS

---

- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**



# CLIENTS HOUSED

- Housing for Health provides housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of county services, and other vulnerable populations.

# HFH CLIENT PROCESS

## CLIENT IDENTIFICATION

by DHS facilities, County departments, CES, and other partners

## REVIEW/EVALUATE/ROUTE REFERRALS

by HFH Administrative/Clinical Team

## INTERIM HOUSING

**RECUPERATIVE  
CARE**

**STABILIZATION  
HOUSING**

**PERMANENT  
HOUSING**

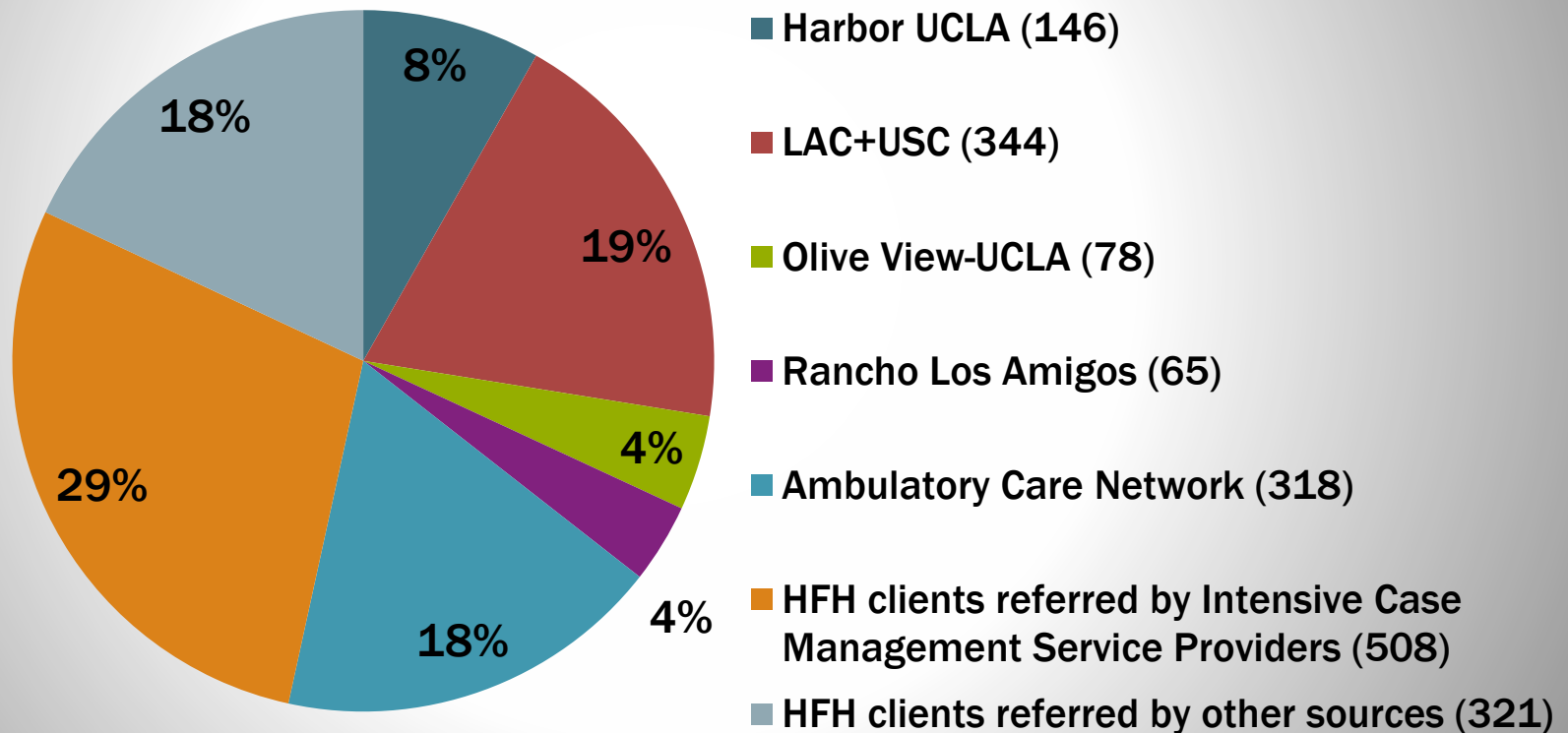
# Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

<b>Total # of clients who have attained housing since HFH began in November 2012</b>	<b>1780</b>
<b>Total # of clients who are currently housed</b>	<b>1608</b>
<b>Total # of clients housed April-June 2016</b>	<b>274</b>



# WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=1780)



# HEALTH CONDITIONS OF CLIENTS HOUSED

## MOST COMMON CONDITIONS:

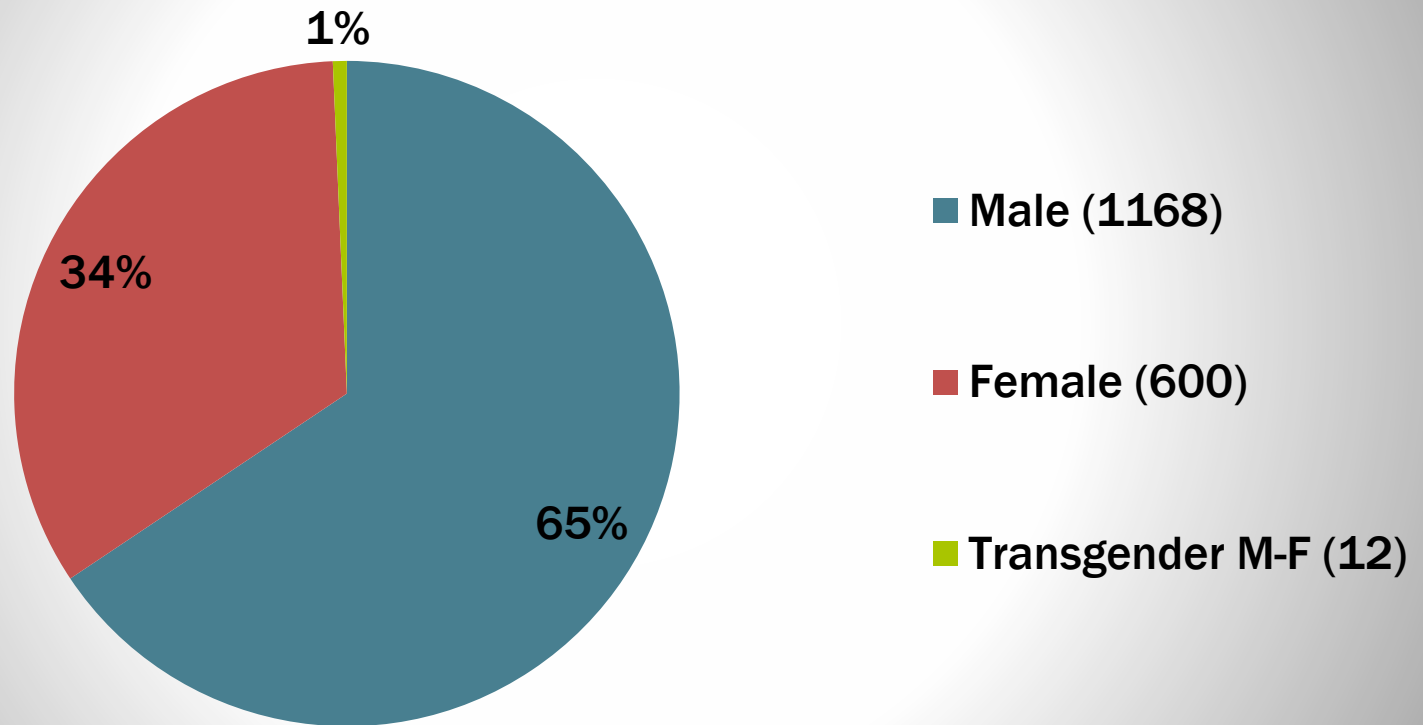
- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**



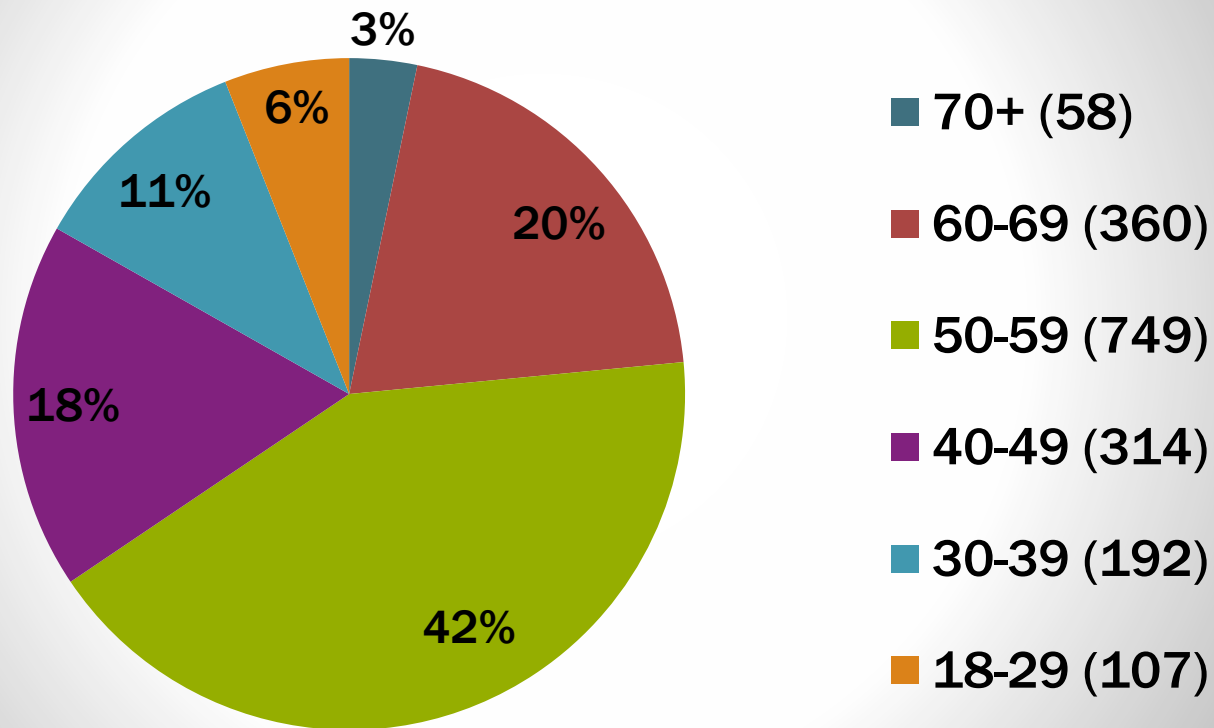
# DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=1780)

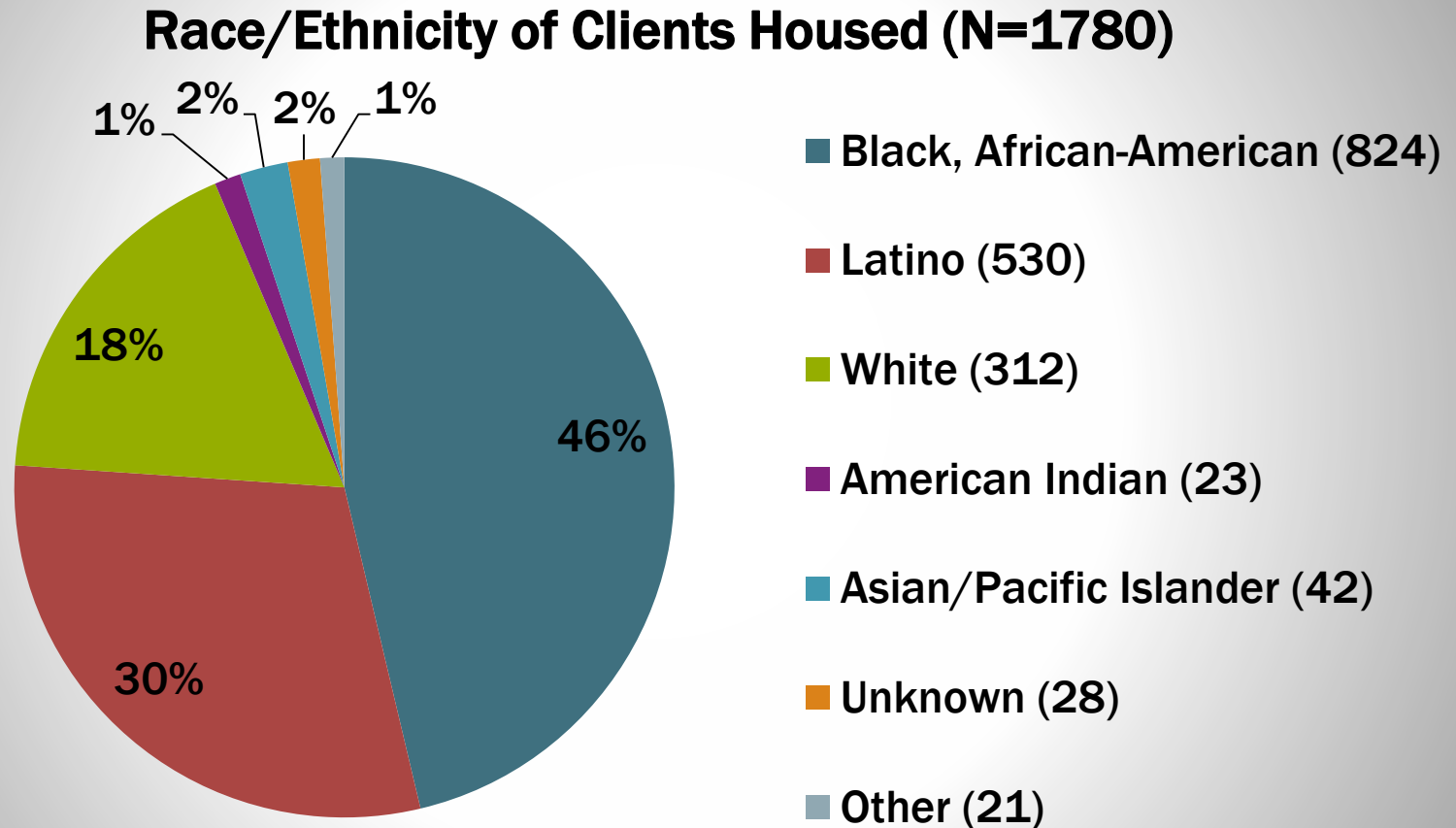


# DEMOGRAPHICS OF CLIENTS HOUSED

Age of Clients Housed (N=1780)

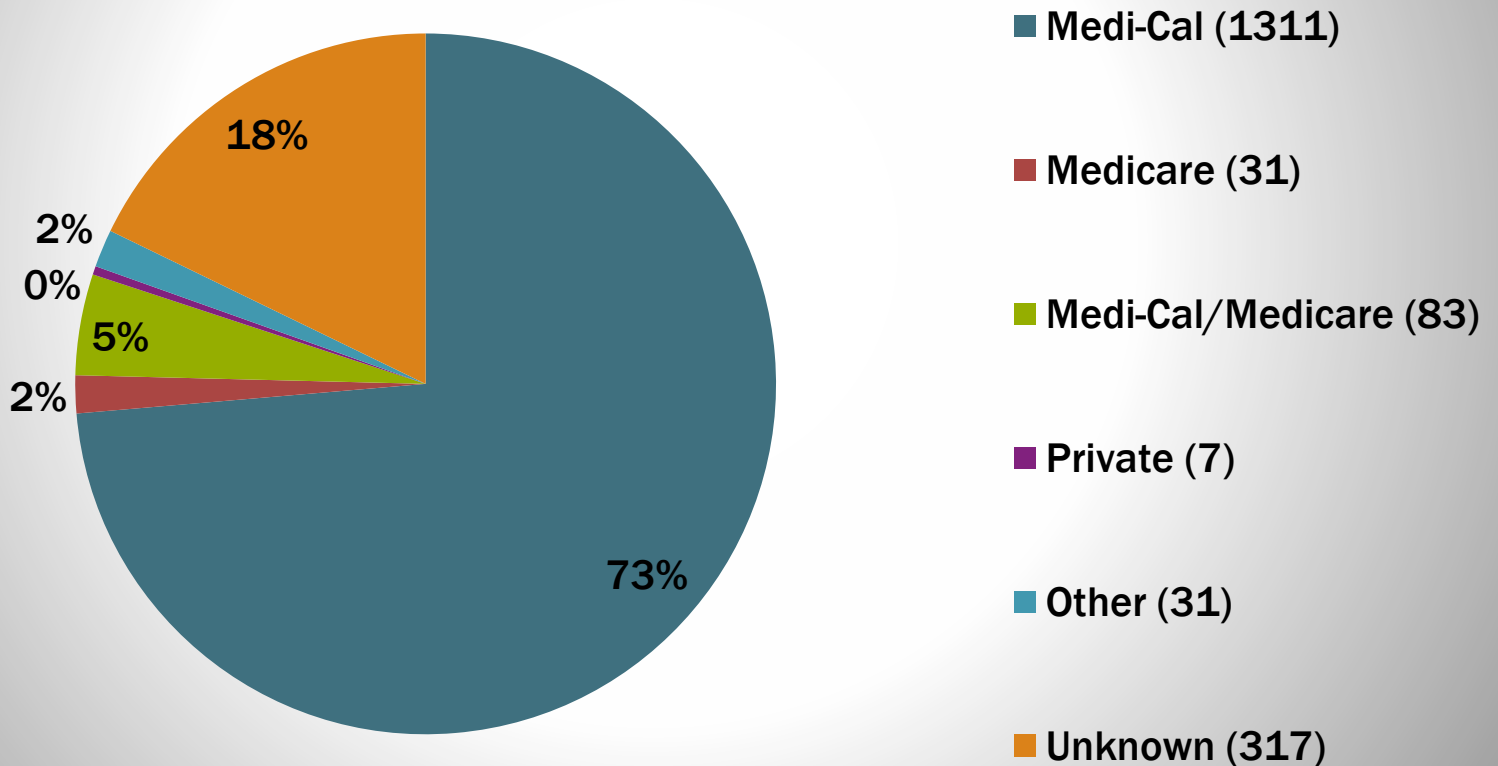


# DEMOGRAPHICS OF CLIENTS HOUSED



# CLIENT HEALTH INSURANCE

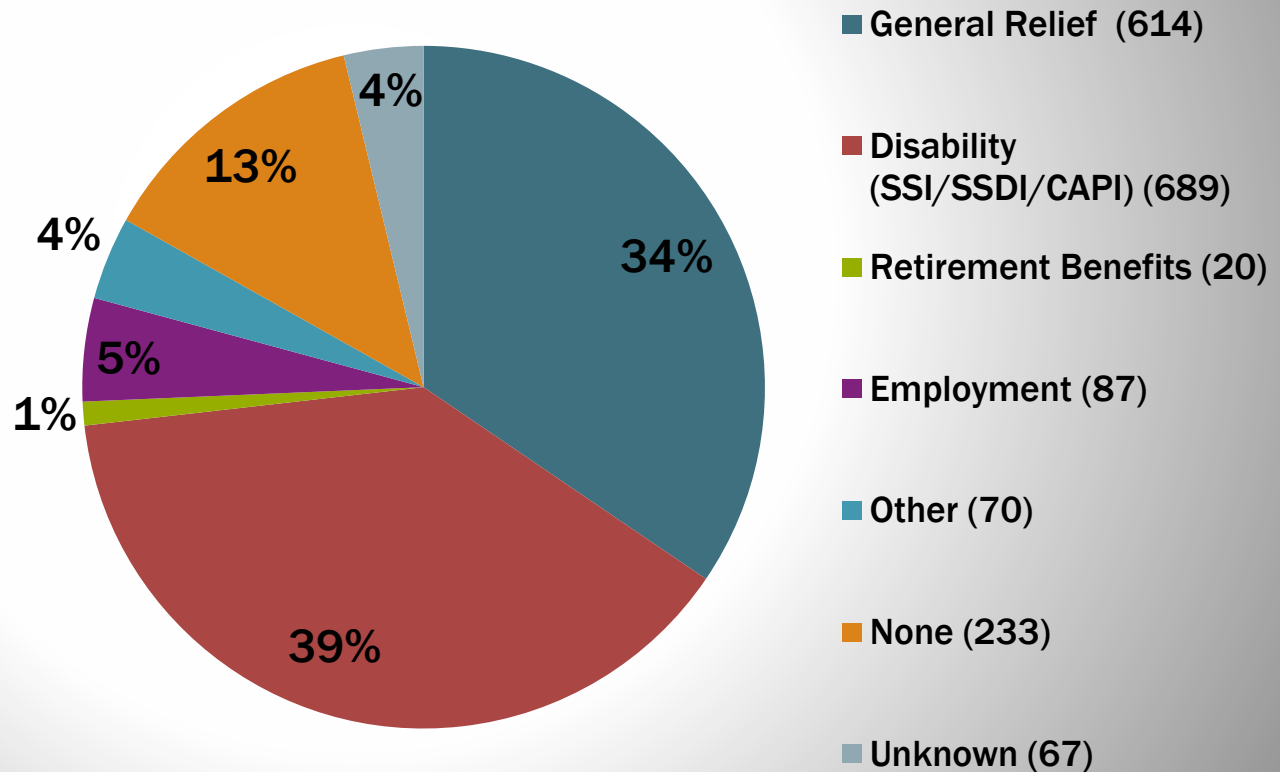
Health Insurance Type for Clients Currently Housed  
(N=1780)



# CLIENT INCOME

- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

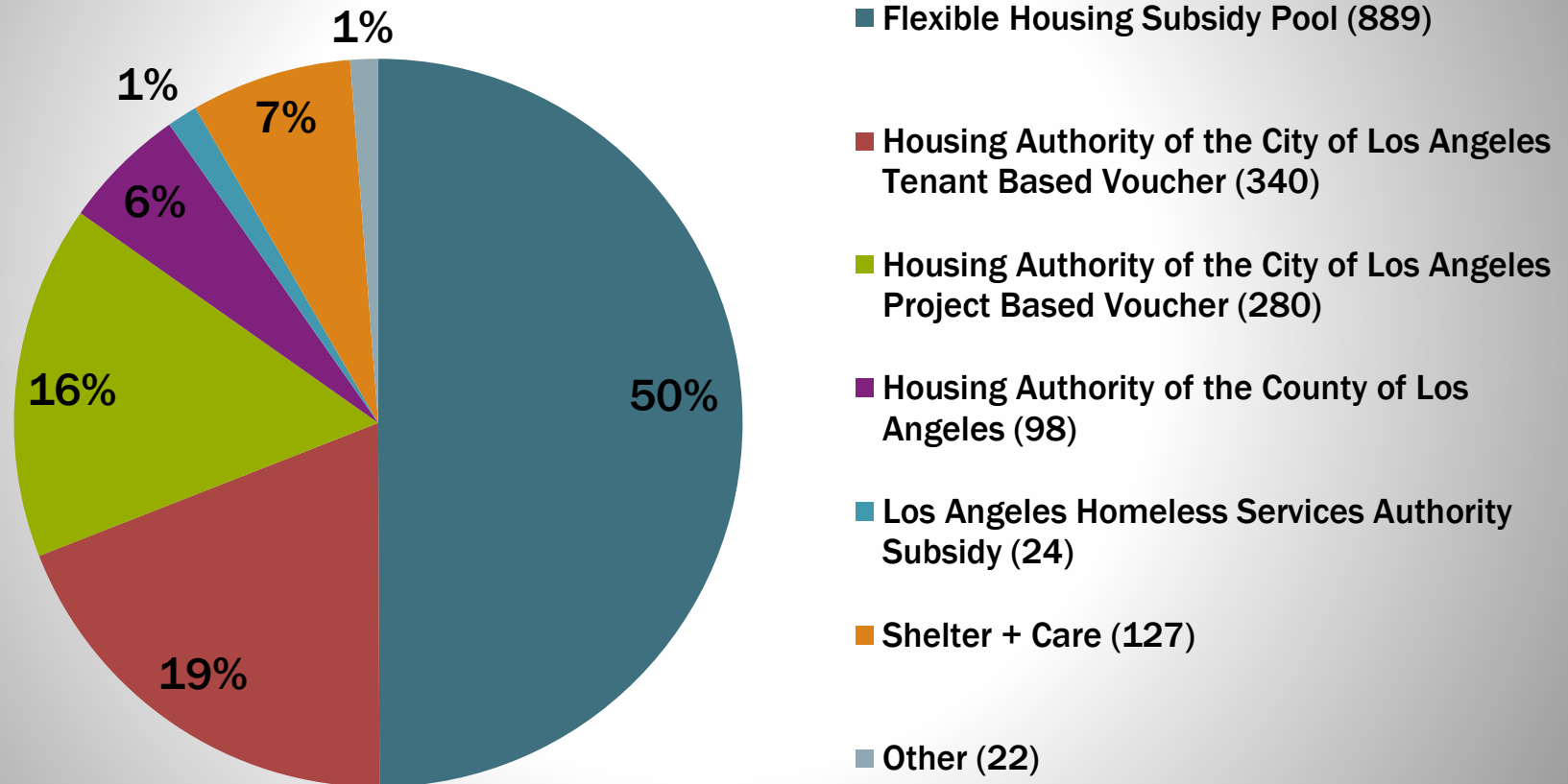
**Income of Clients Housed (N=1780)**





# TYPE OF HOUSING SUBSIDY

## Subsidy Type for Clients Housed (N=1780)



# INTENSIVE CASE MANAGEMENT

---

- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

# HOUSING STATUS AND RETENTION

## Homeless Status

- The average length of time that clients experienced homelessness was 3 years and 11 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (82%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 97% of clients retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Twenty-nine (29) clients exited housing this quarter. Twelve (12) voluntarily surrendered their unit, seven (7) moved into other independent living situation or moved in with family and friends, four (4) passed away, three (3) were incarcerated, two (2) were evicted and one (1) needed higher level of care.

# PERMANENT SUPPORTIVE HOUSING FUNDING

---

- The sources of funds for the Property Related Tenant Services (PRTS) FHSP work order is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$9.3 million.
- The source of funds for contracted Intensive Case Management Services (ICMS) in permanent supportive housing is DHS County General Fund dollars. The estimated cost for contracted ICMS in permanent supportive housing in Fiscal Year 2015-16 is \$7.9 million.
- The source of funds for the Property Related Tenant Services (PRTS) work order to operate the South Los Angeles Supportive Housing Program (a County/City initiative that provides 56 units of housing to DHS patients who are homeless) is DHS County General Fund dollars. The estimated cost for Fiscal Year 2015-16 is \$200,000.

# FLEXIBLE HOUSING SUBSIDY POOL





# FHSP PARTNERS



Los Angeles County  
Dept. of Health  
Services



501(c)3 nonprofit  
coordinating community-  
based partner



Property owners  
throughout Los  
Angeles County



LAC-DHS Supportive  
Housing Rental  
Subsidy Program

## FHSP Quarterly and Program-to-Date Outcomes

Move-ins April-June 2016	157
Total move-ins to date	921
Units secured* April-June 2016	130
Total units secured* to date	891

\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

# CHARACTERISTICS OF FHSP HOUSING UNITS

---

- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 130 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 130 units, 21 are studios, 49 are one-bedrooms, 6 are two-bedrooms and 1 is a three-bedroom. Other units include 29 rooms in shared homes and 24 rooms in Residential Care Facilities.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.

# FEATURED HOUSING SITE AND PATIENT STORY



**Health Services**  
LOS ANGELES COUNTY



# WINNETKA SENIOR APARTMENTS



In a collaboration with Meta Housing, PATHVentures recently handed over the keys to 20 new residents of the Winnetka Village Senior Apartments. Of the Winnetka's 94 ADA-accessible units, 47 are set aside for Housing for Health clients.

Winnetka Village takes an “aging in place” approach by supporting the residents’ independence and ability to live in the least restrictive environment for as long as possible. All services emphasize enhancing the resident’s quality of life and include community building activities and events to help residents develop a local support network and increase their sense of self-worth.

The building recently hosted a Move-In Party, in which volunteers and staff welcomed the residents to the apartments. This gave residents the chance to meet their neighbors, build relationships in the community, and develop a sense of belonging. At the end of the day, volunteers gave the residents move in kits, comprised of essential home goods such as bedding, kitchen cookware, and bathroom supplies.



# FEATURED CLIENT SUCCESS STORY

Tony\* says his troubles started at a young age. His father was in the military, moving the family around constantly, but he claims his parents' divorce sparked his self-defeating spiral. After a few stints at Los Prietos Boys Camp for delinquent young men in Santa Barbara County, Tony began doing drugs and ended up in jails across the western United States. His bender continued, driving stolen vehicles to the Midwest and back. His joyride ended with eight years in a Colorado prison. After being released, Tony still wasn't rehabilitated. Instead, he followed a woman to Lancaster and continued destroying his life with drugs.

The woman turned out to be a mixed blessing. "She made me realize that all the things I hated in life, I myself had become," Tony said. "She put a mirror to my face."

It was then that he dusted himself off and sought out the assistance of Mental Health America in early 2015, but admits he wasn't fully ready for their help. "I was so angry when I first came in. It took me a long while before I realized I had nothing to be mad at."

While Tony was sorting out his internal demons, MHA became a partner with Housing For Health's Housing and Jobs Collaborative, which aims to reduce homelessness for single adults who recently became homeless. The program provides a temporary housing voucher and helps clients gain employment so that they can become self-sufficient.

"This program gave a different opportunity to many individuals and gave them that start that they need," says Tina DeRienzo, Tony's case manager at MHA. People in the community know "this is a working program. You're not going to come here and relax. The program will give you an opportunity and it gives you nine months to prove yourself."

The client's contribution of rent increases incrementally during their enrollment in the program until they are able to resume full financial responsibility. The intensive case management service provider, in this case MHA, assists the client with their job search so they can get back on their feet while still receiving case management support.

The structure, DeRienzo says, is what empowers her clients to stay off the streets. "It's amazing to see them get their chance and run with it," she says.

Tony got the keys to his new place a few months ago and is about to receive his first paycheck at an industrial linen company. "It's grueling work," he says. "But I can either do this or sell drugs and go back to jail."

He finally sees that that's not the path he wants to follow and he wouldn't dare let his case manager down.

"I don't have everything but I have everything I need."

\*Name has been changed.



**Health Services**  
LOS ANGELES COUNTY

Los Angeles County  
Board of Supervisors

Hilda L. Solis  
First District

Mark Ridley-Thomas  
Second District

Sheila Kuehl  
Third District

Don Knabe  
Fourth District

Michael D. Antonovich  
Fifth District

November 17, 2016

TO: Supervisor Hilda Solis, Chair  
Supervisor Mark Ridley-Thomas  
Supervisor Sheila Kuehl  
Supervisor Don Knabe  
Supervisor Michael D. Antonovich

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*  
Director

SUBJECT: **HOUSING FOR HEALTH QUARTERLY REPORT**

Mitchell H. Katz, M.D.  
Director

Hal F. Yee, Jr., M.D., Ph.D.  
Chief Medical Officer

Christina R. Ghaly, M.D.  
Chief Operations Officer

313 N. Figueroa Street, Suite 912  
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Tel: (213) 240-8101  
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On January 14, 2014, the Board instructed the Department of Health Services (DHS) to submit quarterly reports to the Board on Housing for Health (HFH) permanent supportive housing outcomes including funds, costs, number and composition of clients housed; integrated health, mental health, substance use disorder and benefits establishment results; utilization rate and duration of housing subsidies; number of clients transitioning off of housing subsidies; and characteristics of housing units secured.

## BACKGROUND

In November 2012, DHS established the HFH division to expand access to supportive housing for DHS patients who are homeless and who have complex medical and behavioral health conditions and/or are high utilizers of DHS services.

HFH utilizes a full range of community-based housing options, including non-profit owned supportive housing, affordable housing, and private market housing. Tenants receive federal rental subsidies such as Section 8 Project Based or Tenant Based Vouchers or a local rental subsidy through the Flexible Housing Subsidy Pool (FHSP). All individuals who are housed through HFH programs are assigned to a homeless services provider to receive Intensive Case Management Services (ICMS). These services include outreach and engagement; case management with on-going monitoring and follow-up; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and educational and volunteer opportunities; crisis intervention, etc. ICMS providers provide "whatever it takes" wraparound services to assist clients in regaining stability and improved health.

*To ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.*



[www.dhs.lacounty.gov](http://www.dhs.lacounty.gov)

## **NEW EXECUTED WORK ORDER**

Pursuant to the Supportive Housing Services Master Agreement (SHSMA) approved by the Board on June 19, 2012, this is to advise that DHS has executed Work Orders to the SHSMA with Exodus Recovery, Amity Foundation, Volunteer of America Los Angeles, Watts Labor Community Action Committee, and HealthRIGHT 360 to provide intensive case management services in supportive housing to clients who are homeless. County Counsel has reviewed and approved the Work Orders.

## **QUARTERLY REPORT**

Please find the attached quarterly report in dashboard format. If you have any questions, please contact me or Mark Ghaly, M.D., Deputy Director of Community Health, at (213) 240-7702.

MHK:mg

Attachment

c: Chief Executive Office  
County Counsel  
Executive Office, Board of Supervisors

# HOUSING — FOR — HEALTH

Quarterly Report July-September 2016



Health Services  
LOS ANGELES COUNTY

# GOALS

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- 1. Create 10,000 units of housing**
- 2. End homelessness in LA County**
- 3. Reduce inappropriate use of expensive health care resources**
- 4. Improve health outcomes for vulnerable populations.**



# CLIENTS HOUSED

- Housing for Health provides housing and supportive services to homeless clients with physical and/or behavioral health conditions, high utilizers of county services, and other vulnerable populations.

# HFH CLIENT PROCESS

## CLIENT IDENTIFICATION

by DHS facilities, County departments, CES, and other partners

## REVIEW/EVALUATE/ROUTE REFERRALS

by HFH Administrative/Clinical Team

## INTERIM HOUSING

**RECUPERATIVE  
CARE**

**STABILIZATION  
HOUSING**

**PERMANENT  
HOUSING**

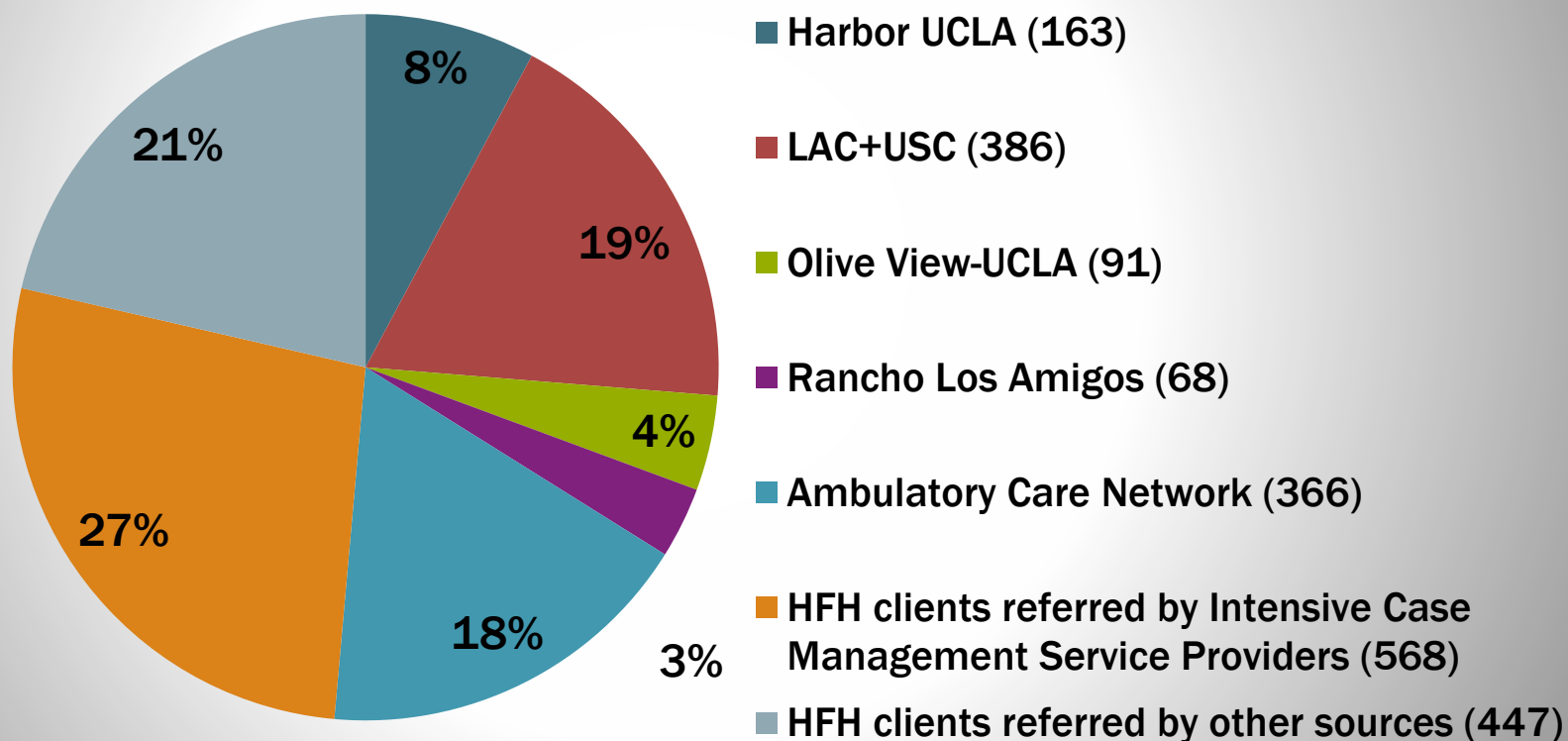
# Permanent Supportive Housing Quarterly and Program-to-Date Outcomes

Total # of clients who have attained housing since HFH began in November 2012	2089
Total # of clients who are currently housed	1872
Total # of clients housed July-September 2016	314



# WHERE DO HFH REFERRALS COME FROM?

Referral Source of Clients Housed (N=2089)



# HEALTH CONDITIONS OF CLIENTS HOUSED

## MOST COMMON CONDITIONS:

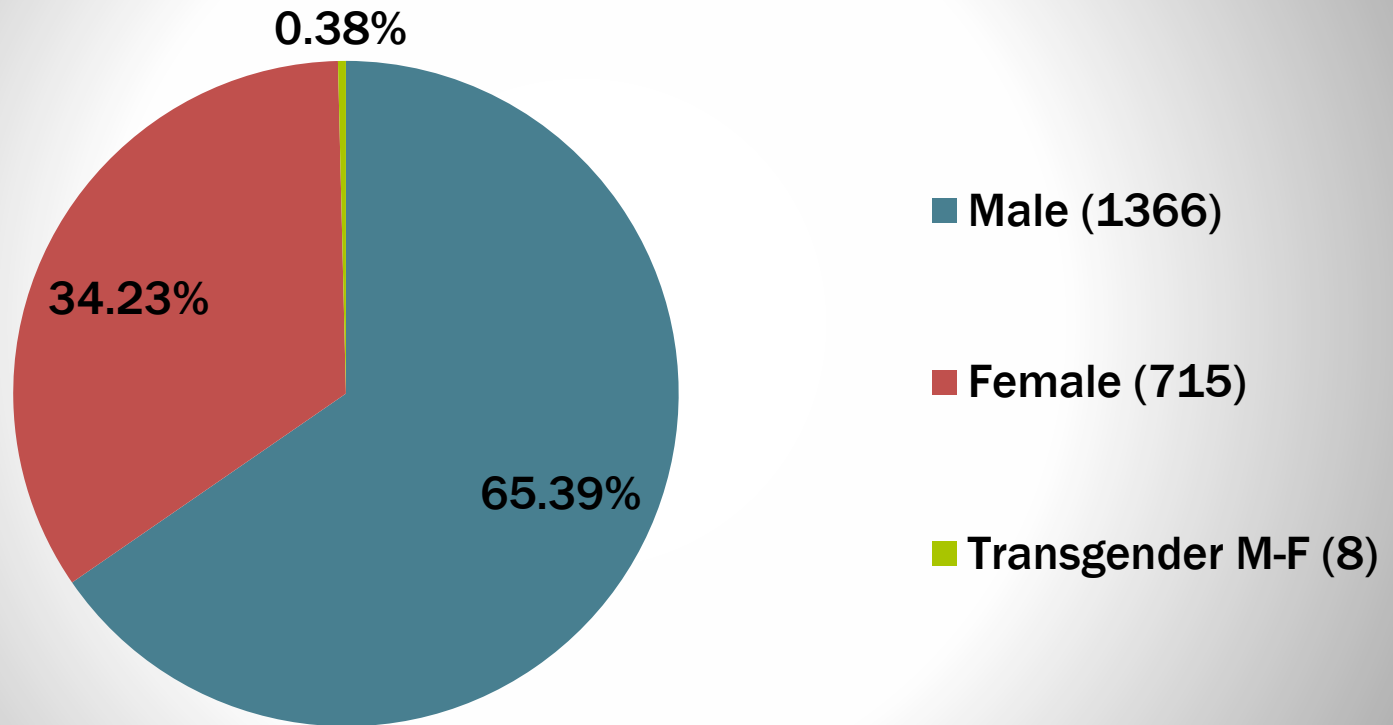
- Hypertension
- Diabetes
- Asthma
- Heart disease
- Congestive heart failure
- Cancer
- HIV/AIDS
- Hepatitis
- Depression
- Bipolar disorder
- PTSD
- Schizophrenia

Most HFH clients have **MULTIPLE CHRONIC HEALTH CONDITIONS**



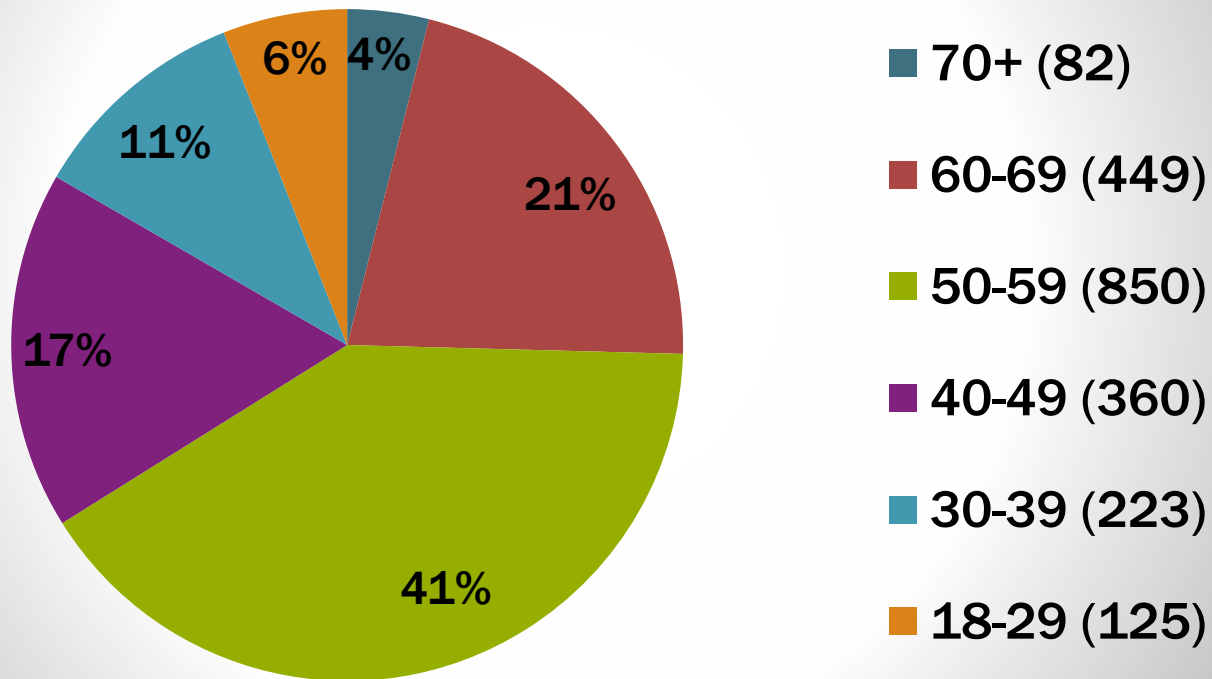
# DEMOGRAPHICS OF CLIENTS HOUSED

Gender of Clients Housed (N=2089)



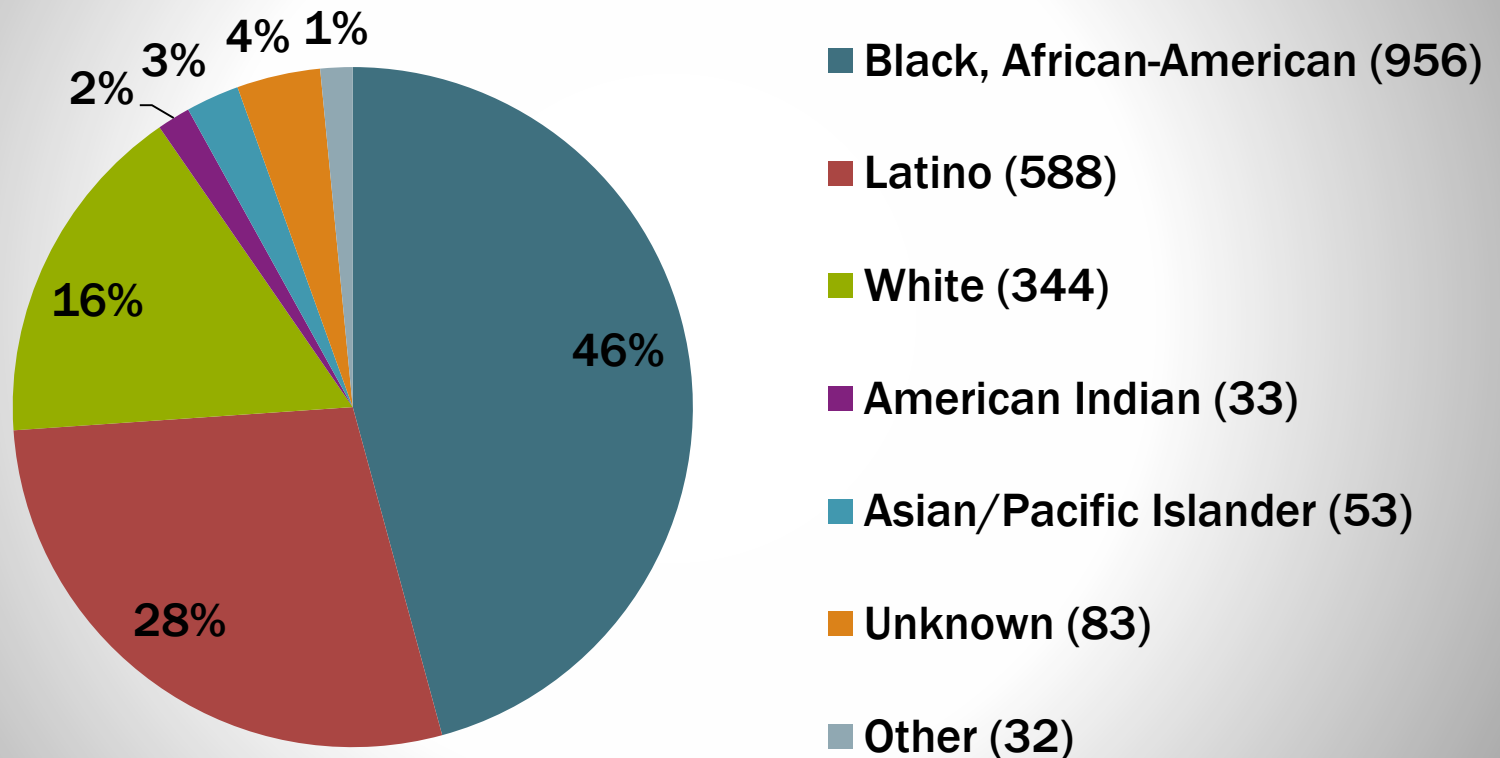
# DEMOGRAPHICS OF CLIENTS HOUSED

Age of Clients Housed (N=2089)



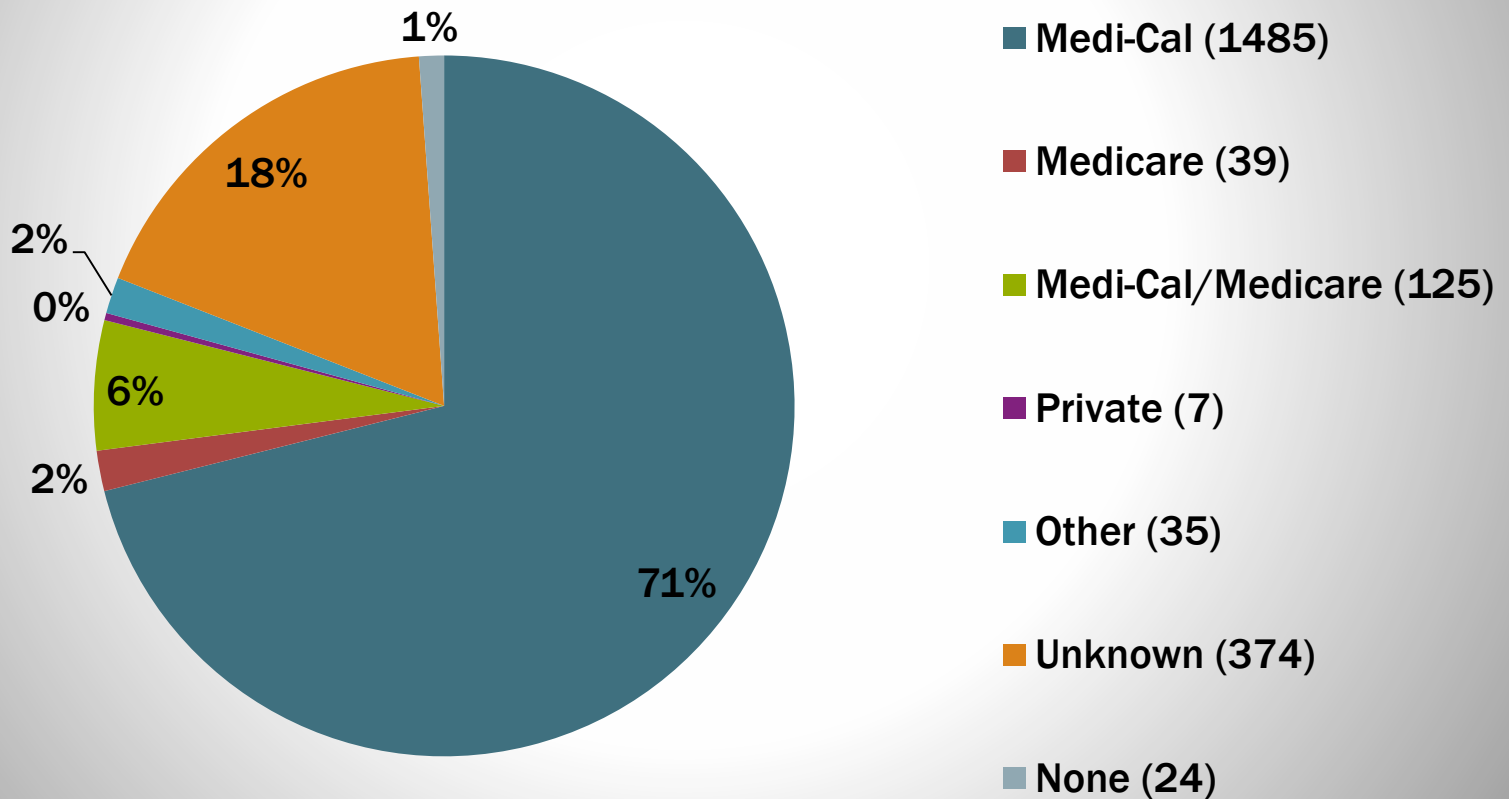
# DEMOGRAPHICS OF CLIENTS HOUSED

**Race/Ethnicity of Clients Housed (N=2089)**



# CLIENT HEALTH INSURANCE

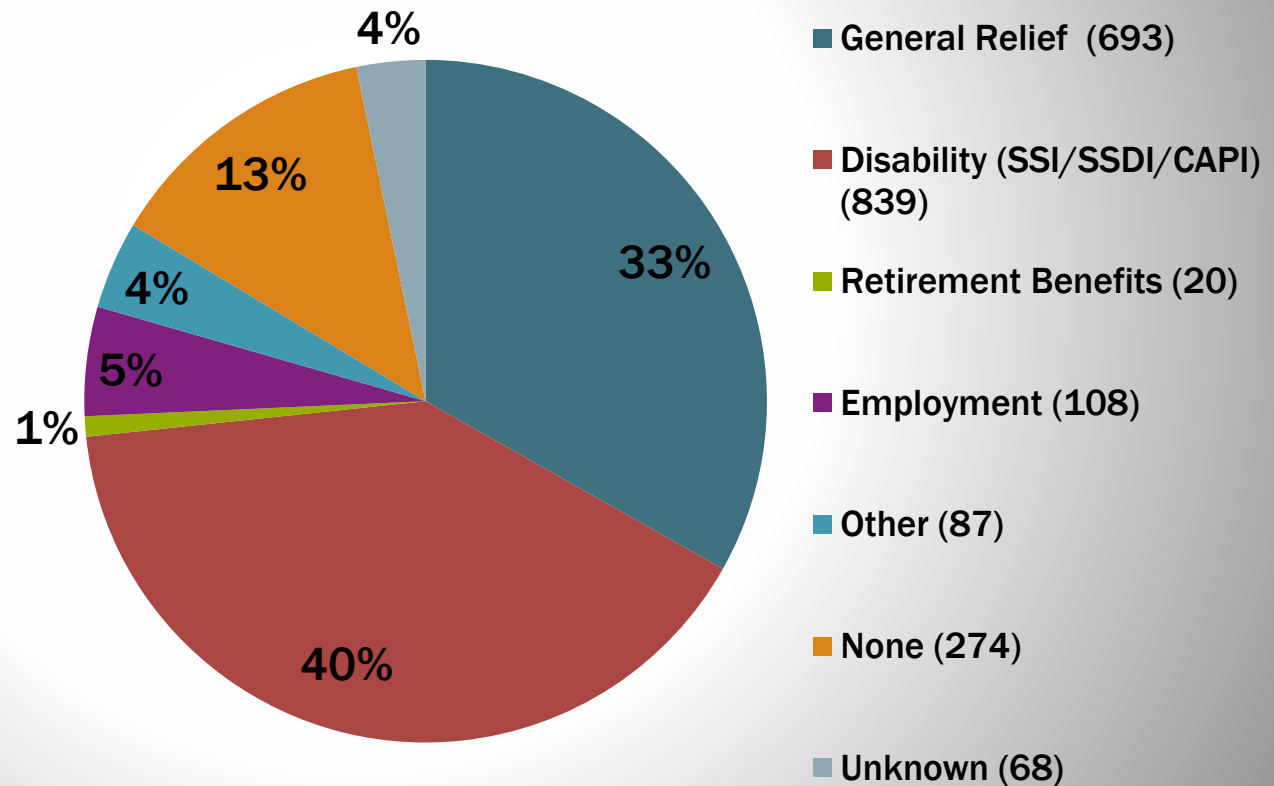
Health Insurance Type for Clients Currently Housed  
(N=2089)



# CLIENT INCOME

- During the client intake and assessment process, the Intensive Case Management Services (ICMS) provider obtains information on the client's income and health benefits. If the client appears to be eligible for a benefit they are not currently receiving, the ICMS provider will assist them to obtain any necessary documents and will complete and track applications for DPSS Services (CalFresh, Medi-Cal, GR, CalWORKs, and IHSS) and SSI.

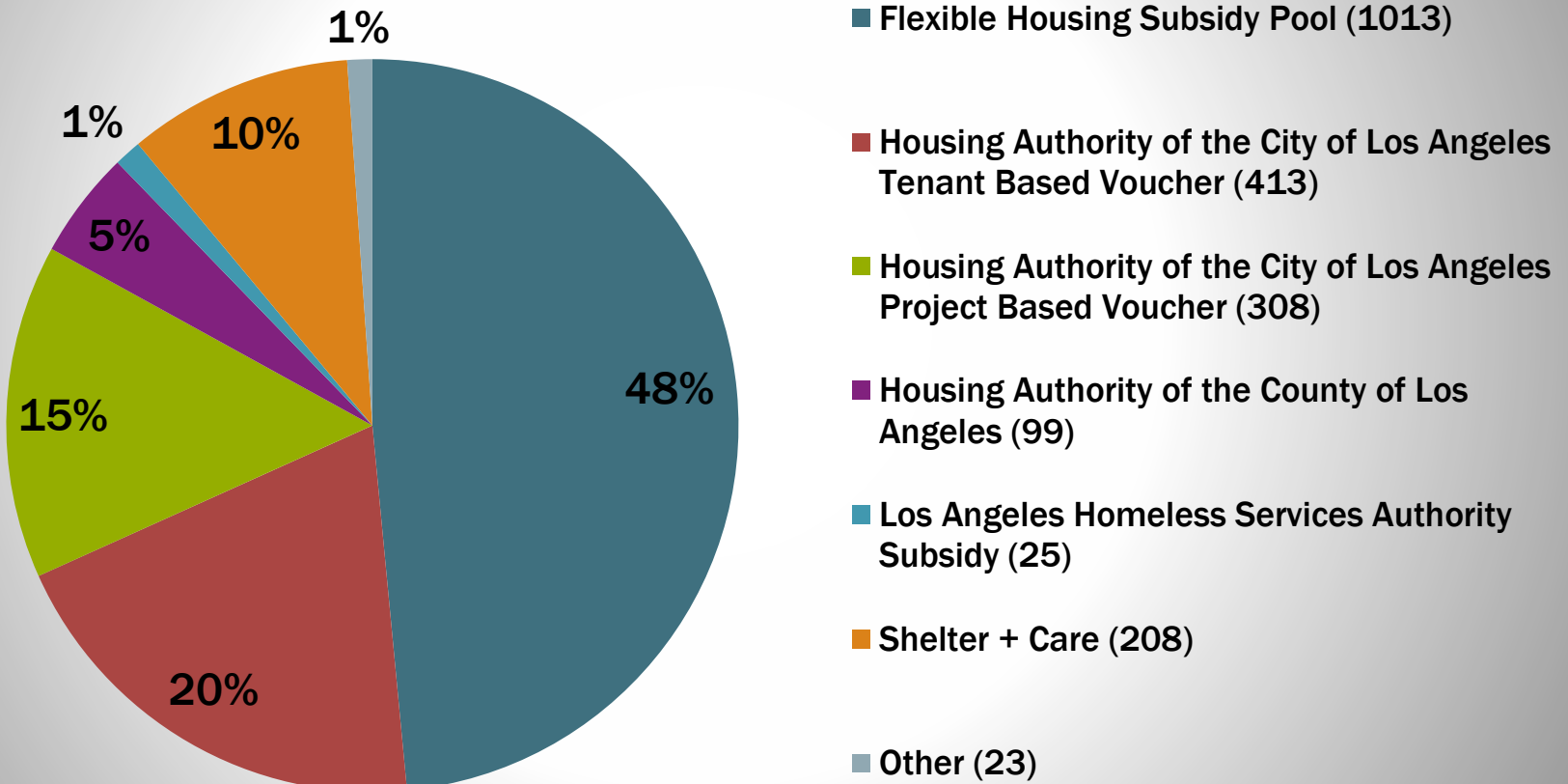
**Income of Clients Housed (N=2089)**





# TYPE OF HOUSING SUBSIDY

## Subsidy Type for Clients Housed (N=2089)



# INTENSIVE CASE MANAGEMENT

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- **Every client** connected to services.
- **Individualized service** planning and linkages to health, mental health, and substance use disorder services.
- **Help clients retain** housing and reach health and wellbeing goals.
- **Services provided by** on-site staff or mobile teams.

# HOUSING STATUS AND RETENTION

## Homeless Status

- The average length of time that clients experienced homelessness was 3 years and 6 months and the median length of time was 2 years.
- The majority of HFH clients were chronically homeless (74%), which means they were homeless for more than one year or experienced four or more episodes of homelessness in the last three years.

## Housing retention rate

- 97% of clients retained housing (remained in unit or exited to other permanent housing) after 12 months.

## Exits from housing this quarter

- Twenty-eight (28) clients exited housing this quarter. Six (6) voluntarily surrendered their unit, nine (9) moved into other independent living situation or moved in with family and friends, eight (8) passed away, two (2) were incarcerated, one (1) was evicted and two (2) needed higher level of care.

# FLEXIBLE HOUSING SUBSIDY POOL



# FHSP PARTNERS



Los Angeles County  
Dept. of Health  
Services



503(c) nonprofit  
coordinating community-  
based partner



Property owners  
throughout Los  
Angeles County



LAC-DHS Supportive  
Housing Rental  
Subsidy Program



## FHSP Quarterly and Program-to-Date Outcomes

Move-ins July-Sept 2016	309
Total move-ins to date	1230
Units secured* July-Sept 2016	199
Total units secured* to date	1090

\*Refers to the number of units that have been secured under a rental subsidy agreement with the property owner and includes occupied and soon to be occupied units.

# CHARACTERISTICS OF FHSP HOUSING UNITS

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- Units in the HFH portfolio range in size and type across the County from large apartment buildings to smaller single family homes and are appropriate to household size and composition.
- In the most recent quarter, Brilliant Corners secured an additional 199 units in Los Angeles County for the Flexible Housing Subsidy Pool. Of the 199 units, 35 are studios, 61 are one-bedrooms, 11 are two-bedrooms and 4 is a three-bedroom. Other units include 43 rooms in shared homes 5 are SROs and 40 rooms in Residential Care Facilities.
- Brilliant Corners engages with private landlords, local developers, and local property management agencies, in an effort to provide a diverse pool of units to the program. From a wheelchair accessible studio unit located on the ground floor of a small 2 story apartment complex, to a 1-bedroom unit located in a 45 unit complex, Brilliant Corners is able to provide patients with a unit that offers the greatest chances of long-term housing success.

# FEATURED HOUSING SITE AND PATIENT STORY



**Health Services**  
LOS ANGELES COUNTY



# VERMONT VILLAS SENIOR COMMUNITY

On open-air senior community made up of 80 units, Vermont Villas recently celebrated its first anniversary. The permanent supportive housing project has served as a successful partnership between the Los Angeles County Department of Health Services, PATH and the Veterans Administration, as more than half of the units are reserved for chronically homeless veterans.

The development emphasizes community and access to the outdoors as a means of supporting the health and well-being of residents. A range of communal spaces, including a lounge, community room, computer nook and teaching kitchen, offer many opportunities for gatherings. An expansive courtyard, private balconies, and open-air hallways enhance the livability of the building by cooling spaces with fresh air and providing access to the outdoors.

“It’s more than a key to safe, new start for someone, it’s a place that supports individuals to become more self-sustainable while also creating a community for them so that no one has to experience the isolation they may have felt while living on the streets or in a shelter,” said Jackie Vorhauer, a PATH spokesperson.

The building is staffed by five service coordinators and case managers who support residents in identifying barriers to holistic health, connecting them to resources in the community, and building skills to live independently and stably. On-site programs include nutritional cooking classes, a food bank, yoga and more.



# FEATURED CLIENT SUCCESS STORY

Jimmy\* knew he didn't want to live on the streets. He says no one he came across wanted to. "I lived among former professionals: doctors, lawyers, judges. Men, women and children. Some had been homeless for many years. Some had been raised on the streets. None of them chose to live on the street."

While living on the street, Jimmy was diagnosed with stage IV prostate cancer – a devastating blow to his already fragile mindset. "When you live on the street, you face more than hunger and lack of shelter," he said. Being homeless hindered his ability to get insurance or keep regular appointments with his doctors and oncologists. "I had developed a plan to die. I had lost my humanity so completely that I didn't think I deserved to keep living."

Jimmy found the Union Station shelter in Pasadena and was enrolled in Housing for Health in its first year, but disappeared soon after. He was a no-show to his doctor's appointments, meaning something wasn't right. His case manager found he was incarcerated, and was able to advocate on his behalf. Jimmy was released with time served on the condition that he remain in the program.

Since then, Jimmy has thrived. His case manager connected him to insurance and Supplemental Security Income (SSI). He quickly found a home and had it furnished to his liking.

Stable housing allowed him to see a doctor regularly and he is happy to report that his cancer is in remission. He is close to celebrating his second anniversary in his home.

"For the first time in my adult life, I had my own home, door and keys. I am choosing, every day, to live."

\*Name changed